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ABSTRACT

This second of three institutes for developing and improving educational programs for older persons was composed of 45 administrators, teachers, and counselors from universities, community colleges, and public school systems. Addresses presented were: "Aging--The Need for a Choice" by Dr. Thomas Rich; "The Physiology of Aging" by Dr. Fred B. Thigpen; "Psychology in Aging" by Dr. Neil Coppinger; "Second Career Planning for Older Adults" by Dr. Irving L. Webber; "Counseling Older Adults and Using Community Resources" by Mrs. Margaret E. Miller; "Learning and the Older Adult" by Dr. George F. Aker; and "Financial Support and Provision of Facilities" by a panel composed of Harold Kastner, James Fling, Myrtle Burnett, and Chalmers Murray. Three resource documents are included in the proceedings: "Some Issues Concerning Education for the Aging"; "Suggested Educational Activities for Older Citizens"; and "Survey of Community--Senior Citizen Information and Needs." A sample of a form used by the attendees to evaluate the institute and a summary of these evaluations are given. Among attendee suggestions are: that the next institute be held near a dynamic program; that people from out-of-state be invited; that presentations include nutrition and theological implications of aging; and that nursing-home administrators be invited to attend. (DB)

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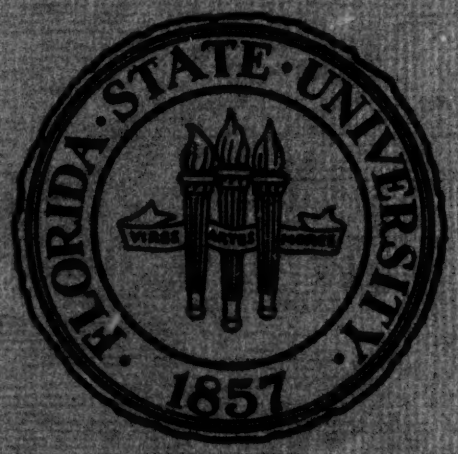
Educatio[illegible] Citizens

SECOND LEADERSHIP DEVELOPMENT INSTITUTE

Florida State University



Department of Adult Education
Florida State University
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Report On

EDUCATION FOR OLDER CITIZENS

Second Leadership Development Institute

Prepared by

Andrew Hendrickson
and
George F. Aker

Conducted by

Adult Education Department
and
The Division of Continuing Education
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FOREWORD

The Department of Adult Education of Florida State University is pleased to present this report of its second in a series of three institutes devoted to developing and improving educational programs for older persons. The first institute was held for two weeks during the summer of 1969. A third one is now being planned and will be conducted during the 1971-72 period.

For the second and third institutes we are indebted for support to the Florida Board of Regents (through Title I of the Higher Education Act). The first institute was supported jointly by the Board of Regents and the Florida Commission on Aging (now the Bureau on Aging).

The participants for these institutes are recruited according to a predetermined pattern. The first one, enrolling 37 persons, was designed to accommodate non-school persons who were in leadership positions in providing educational programs and activities for older persons or who anticipated such a role for themselves. They included directors of Senior Citizen's Centers, religious leaders, directors of county councils on aging, librarians, and others. The second institute, reported on herein, enrolling 45 persons, was composed of administrators, teachers, and counselors from universities, community colleges, and public school systems. The third one, planned for next year, will enroll a mixture of school and non-school leaders. This is based on the thesis that by working together on a face to face basis through a week or more of institute activities, the two groups will get to know each other and will thus come to use each others' services to a much greater extent than heretofore and will combine forces to produce more and better educational opportunities for older citizens.

George F. Aker, Head
Department of Adult Education
Florida State University

OBJECTIVES OF THE INSTITUTE

1. To provide a greater understanding of and insight into what it means to the individual to reach that stage of life known as the "retirement years." To do this through a series of presentations by skilled persons in the field of social gerontology, each presentation to be followed by a forum discussion.

2. To provide an understanding of the effect of aging on the ability to learn, in terms of both positive and negative factors.

3. To provide an opportunity for a cross-section of adult educators from a variety of institutions to get together so they could share ideas and stimulate each other's thinking.

4. To provide help in the practical problems of organizing and administering educational programs for the aging. These include determining needs, program planning, financing, coordination with other agencies, publicity and promotion, and similar matters.

5. To provide an opportunity through group sessions for each person to work intensively on some particular phase of our topic and take home with him a document or documents which he could use in his own program. Alternately, such documents could be published as part of the Institute proceedings.

6. To provide a monograph of the proceedings of the Institute which could be used as a resource document for those working in the field.

KEYNOTE ADDRESS: AGING—THE NEED FOR A CHOICE

by

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The major problem in aging is not age. The major problems are societal and many changes noted are reversible as society changes. As we grow older, we need to maintain the same freedom of choice in our life style that we have had at any prior age, and this is the thesis of this paper.

This is a critical year for the people in the field of aging, the year of the 1971 White House Conference on Aging. The problems and programs in aging will have a national forum for discussion and, hopefully, influence the legislative and administrative process at national and local levels. Before going further into this topic, I would like to take time to set the stage and make some comments about a few misconceptions or missing conceptions, as the case may be, about aging.

We are here to discuss aging, not just the aged. This means that we must think in terms of programs and problems for all ages and how they relate to the next stage in the development cycle. Man has had about the same life span throughout history, but now his average life expectancy has increased. This major increase is due to changes in infant mortality which allows more people to reach adulthood, therefore, to reach older ages. This means that today we are dealing with increasing numbers of people in the middle and older age groups. The figure is usually cited that this population is now about 20 million, but if we drop the age back to 60, we immediately jump it to 27 million. Since retirement ages seem to be coming earlier, the consequences of this are obvious in that we will be dealing with approximately one-fourth of the population of the country.

When we talk about older people, we are talking about a population that has become predominately female since at birth the life expectancy of the female is still significantly greater than that of the male. At age 65, the average life expectancy is still greater for the female than for the male. In this group over age 65, we find about 5.2 million married couples and half of these couples are living on incomes of under $3,000. Also, 60% of the single persons over 65 are living on incomes under $1,500.

Another common misconception is that when we talk about aging and the aged, we are talking about a sick person in an institution. Only about 4% of the persons over 65 in this country are permanent residents of institutions and 80% live in their own households. While a number of these people have multiple chronic ailments, this does not necessarily impair their functioning. So, health problems are sometimes exaggerated even though health needs and health care obviously needs continuous upgrading and improvement for all segments of the population.

It's interesting to note that we have two marginal groups in our country at this moment sharing some very similar characteristics, i.e. high leisure—low income, high dependency, low social and economic utility. I am referring to people over 60 and people under 25. It's very possible that there is no generation gap but more marginal group conflict because the groups are too similar. As the next and last point in setting this framework that I would like to emphasize is to be extremely cautious in evaluating materials about the effects of aging. Go back and look at original studies. See which ones were carried out on that 80% living independently in their own world and how many were carried out in a make-believe world in residential treatment homes. This distortion, because samples in research have tended to come from captive populations in residence or nursing homes, has led to concepts of change that are not being supported by today's research.

Now, I would like to briefly review the situation on aging this year as related to the White House Conference. The White House Conference has established national and state committees on the following needs areas: income, health and mental health, housing and environment, nutrition, education, employment and retirement, retirement roles and activities, transportation, and spiritual well being. There are also special needs meeting areas with committees in areas such as planning, training, research and demonstration, services, programs and facilities, and government and non-government organizations. This is also a good framework for looking at problems that are associated with the aging process—not the problems of aging again. In the conference here we are concentrating on education as a needs area and I will restrict most of my comments from here on to this particular area.

Commissioner John B. Martin, in his remarks to the Technical Committee on Education in December, 1970, pointed out that education for the elderly is at a low priority and that this is unrealistic particularly in view of the decreasing retirement age. He further cites that, as you know, about one out

of five of the people 65 and over presently are illiterate. Two-thirds have had no schooling beyond the eighth grade. They reflect the early 1900's and yet as we look at this population, we must keep in mind that it is a population changing every ten years at best and represents new educational levels, new backgrounds, and new kinds of needs.

I will not attempt to repeat his paper, although it is well worth reading. He recommended not only basic education, but instruction on money management, nutrition, exercise, health protective measures, and accident prevention. Here I would like to point out that one of the stereotypes of this limited development of educational programs is the idea that aging impairs learning ability. The evidence does not support this particular concept even though there are special cases of change with age where learning ability is impaired. We will come back to this topic a little later.

I think the most challenging of Commissioner Martin's charges to the Education Committee was to consider the following issue, "Can we use, or do we want to use educational programs, as a means of creating what might be called a subculture of the retired in which the major values are cooperation, service, and enjoyment of living in contrast to the competition, conspicious achievement, production and consumption that are predominant in the working age population." In this kind of statement, Commissioner Martin has certainly outlined one of the major issues in the development of educational programs for older people.

I see a parallel problem in developing a core of people competent to teach the aged. I assume that this is why you are here. You need to know the characteristics of older people, the kinds of programs that are appealing and useful, and, perhaps, beginning to understand the need to deal with some of your own stereotypes about aging. In the beginning of this paper, I dealt with the stereotype of the aged as a chronically ill, disabled person residing in a residential care facility. I would like to repeat that this is not true of people over 65 and we have neglected the 80% who are functionally independent and not much different except in the years lived from any of the rest of us. These older people may not show up at meetings on aging or appear as research subjects because they are quite busy doing the same kind of things that we do every day. Shanas' functional behavior measure in which she developed six questions for cross cultural comparisons gives a good idea of the point I am trying to make. We can determine from such questions how a person functions without regard to what his health profile looks like, or his actual age, or any of the other factors that we usually consider. They simply ask the following questions:

1. Can you go out of doors?
2. Can you walk up and down stairs?
3. Can you get about the house?
4. Can you wash and bathe yourself?
5. Can you dress yourself and put on your shoes?
6. Can you cut your own toenails?

By grading the answers, you can get a good idea of the functional ability of the persons without regard to all the other kinds of issues that we ordinarily consider. I would like to point out that other countries apparently regard foot care as much more important than we do and it is not a negative requiring avoidance. Also, the act of cutting ones own toenails is a rather complex motor task and the next time you do it give some thought as to the implications for your own level of functioning in terms of vision, motor coordination, balance, and all of the other physical and psychological complexities involved in the process.

Many of our related stereotypes of older people are not of that age at all, but are about poverty, the poor. When we have made some progress in income adjustments so that this dramatic drop does not occur, then I think we will see that many of the associated problems in terms of their patterns of consumer spending, usual leisure activities and whole life cycle will be quite different.

A second major area of importance in working with older people, in addition to the stereotypes that we carry around about this, concerns our own attitudes. Since you already have a paper in your folder concerning this very topic, written from some research by Newgarten, I will not emphasize it but would like to refer to it. To be an effective worker, you need to study these stereotypes in your own attitudes towards <u>your</u> own process of aging. What kinds of self-review processes have you gone through to adjust to the different ages and stages that you pass through? What do you see in the mirror each morning? What have you done to monitor your weight and hair changes and other evidences of growing older? Your own acceptance and awareness in this area will serve to make you a far more effective instrument in teaching and working with older people than if you consider them some kind of other population and forget that you are also becoming older.

A last point before we review, and that is, if I have made the issue clear that I strongly feel that I must stop putting people over 60 or 65 and over into some group assumed to be homogeneous and realize that any program planning must take into consideration the special sub-group that you are dealing with. We must find out individual and sub-group needs

and deal with these directly. Take into consideration what they want to learn just as we do with any other age group population.

In summary, let me review the needs areas from the positive versus the negative views of aging.

Income - There is a sharp drop in income, but it is not an age drop. It is determined by society. Without this sharp drop, there would be a quite different list of problems associated with any age group.

Health - Health problems certainly increase with age, but functional measures show us that the older person is still competent for independent living just as the group represented here.

Mental Health - We know somewhat less about mental health and many old people are not treated, or offered psychotherapy, because of the fears of the therapist, or because their symptom pattern is dismissed with the statement that it is their age. The same set of symptoms at a different age might bring immediate mental health treatment. In addition, we still tend to use residential home placement or state hospitals as a way of avoiding the issue of treatment of older people whose hang-ups and problems are just like ours.

Nutrition - Nutrition is certainly income related. Often from lack of money, and in many cases from lack of someone to eat with and the social stimulation so many need, and perhaps related to poor dental care, many factors that are not simply age-related.

Education - There is a growing body of knowledge that indicates that the ability to learn many kinds of materials increases with age. Of course, at some point perhaps at age 85 or 90 somewhere along the way, there may be decreases and there are certainly changes in speed and in some other aspects of learning, but primarily there is the same ability and the same spread of ability within older age groups as with any other group.

Employment - Little needs to be said since almost all research has shown that except for pro-football or basketball, the older worker is a better worker in most areas.

Transportation - A national crisis for all ages. Certainly critical for the aged, but not an aging population in itself.

Spiritual well being - The need for exploration of the role of the church. Again, this is across all ages and not just the aged. There is little indication that older people get more religious, but they do probably represent a generation that was more religious in youth and still is more religious.

Older people are basically just people who have lived longer than most of us. Given freedom of choice, their pattern of living needs are just as varied and rich as any other age group.

THE PHYSIOLOGY OF AGING

Fred B. Thigpen, M. D.
Tallahassee, Florida

What determines functional span and life span? Is it primarily due to some unknown factor such as a chemical or a hormone? Is it due to disease or a series of diseases? Is it primarily hereditary?

This paper will include a discussion of both the physiology and pathology of aging with some thoughts on how the aging process can be postponed and how the individual can remain functional and productive for a longer period of time. Let me describe what I mean by the term aging. Aging is not so much a matter of chronology as it is a matter of functional status. Aging is characterized by the decline or loss of physical and mental capacities on account of a variety of factors such as heredity, experience, external and internal environment. There is some decline in mental agility, in ability to remain oriented, in facility for remembering events in the past or present. These losses reflect some decrease in brain cells, one of the important contributions to aging and to mental and emotional disorders.

What are the factors in the aging process? Heredity is probably the most important factor in determining aging, functional span and life span. Those who believe environment is the most important factor have difficulty in affirming this. Environment is of considerable importance although it is probably not the dominant factor. Let us consider environment as it affects the aging process since we can to a degree alter environment.

The life span of man now measures about seventy years. Few people live more than 100 years. In 1900 the average person lived 47 years. The increase of life span is largely due to the control of disease.

The length of life of animals seems predetermined. The cat lives about 15 years, a dog about 13 years, a horse 25 years, blue jay 4 years, pigeon 35 years, dog-fish 2 years, sturgeon 50 years, turtle 125 years. I give these examples to show the influence of heredity on aging.

The life expectancy in various countries varies considerably. In Africa, in most areas, the average life span is about 35 years. In South Africa the white population averages about

68 years while the black population averages about 46 years. This difference could be explained in the type of medical care and nutrition the two groups receive. In the U.S. the average is 70 years. Norway and Sweden seem to have the best average, which is about 72 years. The decrease in infant mortality, improved nutrition, and excellent medical care is credited with the great increase in life span.

After birth we slowly become functional individuals. In a highly civilized and complex society where educational requirements are great, an individual may not become productive until the 20's or 30's. In a primitive society an individual can become productive in his teens. An individual remains productive until some disease causes a functional impairment that prevents work activity. Some function through the 60's and 70's. Some are old and impaired at 40. A teacher or physician is young at 35 but a football player is old at 35.

At the present time I consider aging to be due to a disease or several diseases which gradually or suddenly cause a loss of functional capacity.

I will explore some diseases.

The eyes frequently show changes at age 35 to 45. There is a decrease of the elasticity of the lens and ability to accommodate for near vision. Glasses correct this problem very well. It is interesting to note that Benjamin Franklin invented the bifocals. Cataracts are another problem that occurs with aging. These are usually easily removed but the eye with the removed lens has some functional impairment. Glaucoma is another problem that can be controlled if detected in the early state. Older people need more light and sharper contrasts to help their visual problems.

Deafness normally begins at age 55. When this factor is added to the loss caused by our noisy society, we can have a considerable problem. People living under quiet primitive conditions usually have acute hearing up to the 7th and 8th decade. Our noisy society (traffic noise, music, guns, jet planes, machines, dish washers, lawn mowers) frequently cause hearing loss. The partially deaf have difficulty hearing a speaker or telephone conversation if there is much background noise. The partially deaf need someone to speak distinctly and directly so they can utilize lipreading in addition. In an auditorium the deaf should sit close to the speaker. Hearing aids are helpful.

An important part of the senior citizen's life and all persons lives is sexual activity and the reaction to his sexual

drive or lack of drive. At age 25 about 0.4% of the male population are impotent. At age 35 1% are impotent. At 60 20% are impotent, and at age 80 about 80% are impotent. Loss of sexual ability is frequently associated with anxiety and depression.

Some of the causes of impotency are psychogenic factors such as depression, the belief that aging inevitably leads to sexual failure, pituitary failure, hypothyroidism, diabetes mellicus, low testostersone production, male climacteric, alcoholism, dependence on drugs, excess work pressure and demands, fear of aggravating an illness such as heart disease, and a rejecting or ill wife. My urological friends tell me that hormonal therapy is helpful at times. Adequate control of diabetes helps, cessation of alcoholism or drug abuse and correction of hypothyroidism is also worthwhile. Diminishing an excessive work load may be helpful. Treating and clearing up a depression can help.

The female also has sexual problems in late life. There are alterations in the menstrual cycle, loss of ability to conceive, changes in the skin and breast contour and changes in the vaginal tissues due to estrogen failure. The vagina that was once so distensible that it could allow a baby's head to emerge may become the size of a small garden hose causing painful sexual activity. The ability to conceive, whether a child is wanted or not, is at least an unconscious motivation of the libido of women. For those women in whom this is the overwhelming incentive to sexuality, the knowledge that pregnancy is no longer possible may negatively influence their desire for sexuality. Depression is also common in the middle and older age female and causes a loss of sexual drive. What can the physician do? He should point out that the need for sexual gratification is normal and not reserved for the young, and that maturity can enhance the sexual experience. The fear of aging should be dispelled. Medical problems, depressions and ovarian failure should be corrected. Female hormones are of help because they prevent atrophy of the female reproductive tract.

I went to the Social Security agency to find out the leading causes of disability. Another way of saying loss of functional capacity and aging. They came in the following order: (1) heart disease, (2) emphysema, (3) mental illness, (4) hypertension, (5) osteoarthritis, (6) pulmonary Tbc, (7) rheumatoid arthritis, (8) diabetes, (9 & 10) strokes.

It is interesting that of these, the leading cause was vascular disease as were two of the other top ten. The fundamental problem in all of these is atherosclerosis.

Arteriosclerosis is a lining of the vessels with a yellow material that finally closes an artery or partially obstructs an artery. This disease causes a lack of 0_2 and nutrition to the involved tissues such as the brain, heart, kidneys, and legs. This situation is analagous to the irrigation ditch nourishing a field. If it is obstructed at a point, everything beyond dies for lack of nourishment. Atherosclerosis in this fashion causes strokes, heart attacks, kidney disease, and disease of the vessels in the legs. If an individual has two or more etiologic factors, he is likely to get some manifestation of atherosclerotic disease.

The etiologic factors, or factors causing atherosclerotic disease, are heredity, age, hypertension, blood lipides, diabetes, exercise, smoking, obesity, diet, and some feel that emotional stress may be important. Theoretically many of the factors can be altered by education, drugs, and using preventive medical techniques. There has been tremendous strides in recent years in heart disease with the coronary care units eliminating death in heart attacks due to irregular heart action. Also, the prevention of crippling and fatal strokes has been improved. Prior to strokes many get warnings such as dimness of vision in an eye and numbness or weakness of the extremities in the opposite side. Frequently this is due to a narrowing of a vessel in the neck. Some feel that 50% of strokes are caused by disease of neck vessels. The pulsation of the vessel is decreased and a blowing sound can be heard by the doctor over the diseased vessel in the neck. This is easily corrected surgically and results in prevention of strokes and a good prognosis. This disease also attacks the vessels in the legs and these vessels can be approached the same way.

The prevention of arteriosclerosis through dietary changes, drugs, cessation of smoking, decreasing stress, exercise, control of diabetes and hypertension, can probably be effected by changing one's life long habits. Atherosclerosis is the greatest cause of aging and functional loss, and this can be prevented.

Parkinson's disease manifested by tremor, rigidity, and lack of movement has been found to be associated with a decreased chemical (dopamine) in parts of the brain. The use of a chemical called L-dopa has greatly improved many cases. This drug is now in general use, eliminating a serious cause of loss of function and aging. It is estimated that there are one million with Parkinsonism in this country. These are largely in the older age groups.

Arthritic diseases are not fully understood but with drugs and new procedures the control of this problem has been improved.

Emphysema can be largely prevented by the cessation or prevention of smoking. Some headway is being made in educating the public.

Psychological changes of aging is one of the most important of all of the factors. There is some decrease in ability to learn with aging, but in many this is not really great. Desire to learn is the greatest aid to learning. No one is ever too old to learn. If minds are kept active through exercise of intellectual and creative imagination, outstanding accomplishments can occur in the 7th and 8th decade. Liking for occupation usually decreases with age, however, a survey of people out of work showed 70% felt they would be happier if they had a job.

The environment is very important from a psychological standpoint. An important part of our environment is the political system under which we live. As far as I know there has never been any study to determine under what type political system people do better as measured by hard facts such as incidence of suicide, tendency to be pathologically dependent, admissions to state mental hospitals, functional and life span, crime rate, incidence of emotional illness, illegitimate rates, degree of narcotic and drug addiction, alcoholism and general standard of living. Of course, my personal choice is a democratic and free society. The choice of political systems in a free society depends not on objective thinking, but on emotional factors, individual experience, and dependency needs. The socialized system with its multiple rules and regulations offers much more for the older citizen; however, it tends to produce pathological dependency states. Many who reach a given age cease to work and function because they can regress and be cared for by their pensions and social security. The government cares for them quite the same as a child is cared for by its parents. I know of no solution to this problem since there are many who have normal dependency states that are not self-induced or pathological and these people need help. To force all into this state may be unwarranted. To cut off Social Security and pensions because of work activity is probably wrong and not reasonable to those with desire and motivation. To work they need praise, self satisfaction, and some monetary return. If one is rewarded as well while not working, a big part of the motivation for work is lost. Those who seek retirement are many times those who never liked their job in the first place. They also may have excessive dependency needs and a desire to regress and be cared

for prematurely. These people frequently become depressed, despondent and lose mental acuity. These are unhappy, unproductive people who don't feel wanted and have nothing to live for. This is the same situation that occurs in the middle-aged woman who no longer feels needed because her children have grown up and become independent. Frequently, a job or some civic duties will cure this situation.

Depression is very common in the elderly. They have lost their children, jobs, youth, ability to reproduce, sexual drives, looks, physical capacities and no longer get pleasure from anticipation of the future. Some of the symptoms of depression are fatigue, lack of ambition, crying, loss of mental acuity, inability to make decisions, insomnia, preoccupation with bodily functions, loss of sexual desire, suicide and loss of interest. We now have chemicals that can alter the depressive state; however, this is of little value unless the environment and activities are changed. These changes include work activities, studying and learning, hobbies, participation in community affairs, exercise, both mental and physical, and the realization that the individual is still worthwhile to society.

I have touched the surface of some of the problems of aging. Medically, we are making progress, and I feel sure the life span and functional span will continue to increase. I am not sure that we are approaching the psychological areas correctly. I am against mandatory retirement at a given age when a person is capable and willing to work. I am opposed to pension plans that penalize those who work. I don t like the cultural tendency to reject the aged.

I feel that earned Social Security and earned pensions should be allowed at a given age and not held back if the individual works, for this is a penalty for being productive. Chronological aging should not determine retirement dates.

We should do all we can to prevent pathological dependency states that are so self-destructive.

Medicine should do its job by continuing to inform the public on how to prevent disease. We should be oriented more to prevention. We should not stand back and later attack the catastrophies such as strokes and heart attacks after they have occured. Many times there is not much to salvage.

Medicine should do all it can to become generally available and keep people productive.

We need more nursing homes and general living quarters, specially designed for the aged. Perhaps these should be

built by the government such as state mental hospitals are at this time.

We now have 20 million people over 65 and much needs to be done for this group.

PSYCHOLOGY IN AGING

by

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Old age is not viewed favorably in our society. Tuckman and Lorge (13) in one of their several studies of attitudes toward old persons concluded that old age is seen as a period characterized by economic insecurity, poor health, loneliness, resistance to change, and failing physical and mental powers. These commonly held, stereotyped notions are a major problem to be understood and dealt with when we begin to concern ourselves with helping older persons to function more adequately as competent and contributing members of society.

The purpose of this paper is to examine how we in the social sciences may have contributed unwittingly to this way of viewing aging and how we are now attempting to show that age per se may explain very little of the behavior of older persons.

Some social scientists have gone so far as to suggest that old people are the victims of an agism kind of thinking which is not unlike racism in its characteristics and consequences. Sheppard (12), in writing about the employment of older workers emphasizes that age per se may be inappropriate, misleading, and an oversimplified concept when used to explain the performance differences among age groups. He goes on to say that differences due to age may be minimal when one accounts for differences in health, education, past experiences, and attitudes of older persons toward themselves.

The implications for such a position are rather profound and warrant elaboration. No one denies that instances of health problems and chronic diseases increase with advancing age. Likewise, we know that today's older person has not had as much formal education as today's youth. It is also fairly common knowledge that many older persons have chronic economic problems especially after retirement on a fixed income. Many of them do not have sufficient income to purchase adequate housing, adequate food, or necessary medical services. Many of them are anxious, depressed, and lacking in self-confidence. But the fact that there is an increasing frequency of these kinds of problems associated with advancing age does not in any way imply that they are the natural

consequences of aging. Most of them are situationally determined and are therefore remedial. By definition, aging is concerned with the systematic and regular changes which occur as the person lives through his life span. It is ordinarily viewed as a normal process of change. At the present, it is inevitable. Breakthroughs in the biology of age may make it possible for man to retard his aging, but for now, we must assume that the clock does not slow down as it ticks away man's allotted time. To attribute the multitude of age related problems to the natural consequences of aging is to ignore the increasing research literature which shows that age differences at the behavioral level are oftentimes minimal when one accounts for differences on other dimensions. I have already agreed that we do not now know how to delay aging, but we do know how to solve many of these other age related problems. Health can be improved by more available medical and rehabilitation services. Economic status can be raised. Remedial education can be introduced. Negative attitudes toward old age can be altered. Society had only to decide that the problems of old age enjoy sufficient priority to warrant the time, effort, and money which would be required to make these remedial and preventative changes.

In many instances, age is an irrelevant variable when one is planning programs of education, retraining, and even rehabilitation. To use it as a criterion for exclusion from remedial programs is an example of the practice of agism so commonly seen in today's society.

I will return to this point in a moment, but will now digress to offer some reasons why much of the work in the psychology of aging has contributed to this agism attitude. The main reason is that we in the social and behavioral sciences seem to be more interested in averages rather then individual differences. Consequently, we speak of the aged, or more euphemistically, the aging, as though old people are a homogeneous group. In point of fact, it is almost axiomatic that increasing age is characterized by increasing individual differences.

Research on the psychological aspects of aging is relatively new. Most of the work has been accomplished since the end of World War II. Before then, the empirical basis for what we know about people was based on studies of children and the two-legged white rat; the college sophomore. Researchers began to ask if these findings on young people held true for persons during maturity and old age. Initially, we were primarily concerned with young-old differences. Were there any? The typical study compared a group of young people, usually defined as being under 30 years of age, against a

group of old people, usually defined as being over 65 years of age. Sure enough, the older groups were different. They usually appeared as deficient on most psychological variables when their performance was compared against a group of young people. We somehow paid little attention to the overlap; some old persons performed as well as the young and some young persons performed as poorly as the old. But the mean difference was statistically significant. We had scientific evidence that the old were deficient in comparison to the young. These findings found their way into both the scientific and popular literature. They provided a scientific basis for the stereotyped attitude that old age is characterized by failing mental powers.

This picture is now changing. We are now learning that old people differ from the young in ways in addition to the accumulation of birthdays. Data from longitudinal studies are also beginning to appear in the literature which suggest that age changes are not as marked as age differences. One is studying age difference when he compares two groups of different ages. He is studying age changes when the same person is studied for several years in a longitudinal design. Thus, much of what we have been saying about aging may have to be modified as we better appreciate how age differences and age changes are not necessarily the same.

I wish now to review with you some of the recent research which supports the position that age per se may be making a minimum contribution to our understanding of the performance of older persons.

The physical health of the older person has a profound influence on the behavior of not only the elderly, but the young as well. What is the difference in the psychological behavior of persons of equal health status but who differ with respect to age? A few years ago a study of healthy old men and healthy young men was carried out at the NIMH (3). Health was defined as the absence of disease or illness based on laboratory procedures and competent medical examination. The old men lagged behind the young in their psychomotor behavior. They were slower, but they earned higher scores on tests of information, comprehension, and verbalization. These investigators found no evidence to support the popularly held opinion that impairments in memory and learning abilities are the normal consequences of aging. When learning impairment does exist, it is likely the result of some prior incapacity or debilitating health change in the individual (1). Other investigators (5) have shown that persons with cardiovascular disease also perform less well on psychomotor and intellectual tasks. Reversals in elevated cholesterol levels in the blood have been

associated with older persons' improvements on certain kinds of intellectual tasks (11).

Education is another important variable which affects the intellectual behavior of older persons. An extensive analysis of one of our better tests of intelligence reveals that more individual difference is associated with differences in education than with differences in chronological age (4).

As noted earlier, one of the common age stereotypes says that the older person is set in his ways. One investigator suggests that this may be related to their attitude toward learning. As the years go by, the older person tends to solve problems on the basis of what is already known and is not inclined to change his approach. But this intellectual rigidity is related also to the person's initial level of intelligence, the extent of his formal education, and the number of years that have passed since school was attended.

These studies are but a few examples here cited to suggest a host of non-age variables that may be responsible for those differences which we have traditionally thought to be the consequences of aging. Let's turn now to the results of work coming from the longitudinal rather than cross sectional studies of aging.

Most research on intellectual changes associated with aging has used a cross sectional design (14). The results generate a curve which shows mental abilties to reach their highest level during the middle of the second decade of life. It begins to fall shortly thereafter and processes downward into old age. The longitudinal studies which have recently begun to appear in the literature reveal that these age changes are not nearly so pronounced when the same persons are studied over a several year period. For example, one nine-year study of persons past age 60 found that intelligence was quite static across this period (7). Another 31-year follow-up of World War I veterans (9) found that there was some decline but it was not nearly so pronounced as earlier cross sectional studies would have predicted.

Another aspect of the longitudinal studies is most exciting. The results are only tentative but it would appear that changes in intellectual behavior during later life may be predecessors of active somatic disease and the probable remaining length of life. We have long known that test performance associated with brain pathology was different from that associated with normal aging (10). In several of the longitudinal studies (2, 8, 14) it was found that the test scores of survivors were much superior to the non-survivors. That is to say, those persons who had died or who were too

ill for subsequent retesting had lower scores than those who were still alive and healthy. This suggests that perhaps in some instances we could better understand aging if we viewed it as the time remaining before death rather than defining it as the time since birth.

Thus far, I have made several references to intellectual changes in old age. Perhaps we should pause for a moment to examine some of the implications of this word. Most of us in psychology and education feel reasonably comfortable with the concept of intelligence. We know, for example, with other things being equal the brighter the child the further and easier he will advance in school. We use it as a predictor of academic success. Many of us equate or operationally define intelligence in terms of the numerical values of the IQ. It is a unitary concept; we ask how intelligent is a given individual. I do not wish to get into the pros and cons of this question regarding its validity with school age children, but would suggest that intelligence as measured by a single score on an intelligence test is not especially useful in working with older persons. The IQ does not tell us too much. What is much more important are the relative strengths and weaknesses as reflected in variations among the several subtests within a given intelligence test. The Wechsler Adult Intelligence Scale has eleven different subtests. Half of them tap verbal skills while the other half place more emphasis on performance or non-verbal skills. Those subtests which emphasize information, verbal comprehension and arithmetic operations tend to increase from 20 through 60 years. Declines, however, are seen in subtests involving spatial perception, arrangements of geometric forms and decoding tests. What this means is that there seem to be changes in the pattern of subtest scores as one advances in age: some tests increase while others decrease. Thus, the IQ might remain the same while there is a significant shifting in the patterning of the subtest scores which contribute to the IQ value.

It has not been my intention to provide you a comprehensive review of all the psychological changes and differences associated with aging. There are already excellent reviews of the material easily available to you. May I suggest for example that you obtain a four volume series entitled Working With Older People (1). It is published by the Public Health Service and is available at a very nominal cost. Volume II of this series offers excellent surveys of what is known about the biological, psychological, and social aspects of aging. It has not been my intention to try to reduce these materials to a one hour superficial summary. My message has been a simple and singular one.

I have suggested that averages and stereotypes are not very valuable in either assessing or explaining the behavior of older persons. Health, motivation, and education are but three examples of variables which must always be considered when one attempts to understand and plan for the elderly.

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SECOND CAREER PLANNING FOR OLDER ADULTS

by

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It is a privilege to be able to talk with you today about the role that educational programs can play in building second careers for older adults, for I firmly believe that this topic is one of the key elements in dealing with the overall problem of the elderly in our society. You may wonder why I use the word "problem." In the early stage of the evolution of gerontology, particularly in the 1940's and 1950's, it was customary to speak of the "problem of the aged," but this conventional usage was succeeded by an insistence upon emphasizing the positive aspects; that is, it became popular to speak of the opportunities and the potentials of and for older people. At the time I went along with this, but more recently I have changed my opinion. It now seems clear to me that little or nothing is gained by employing circumlocutions that gloss over the realities. The situation and the prospects of those in our nation who are over age 60 or 65 are grim indeed, in the vast majority of cases; older people thus <u>are</u> a problem or they are part of a problem of our society as a whole. In my judgment, therefore, we stand to gain more by facing up to this than by pretending that serious difficulties do not exist.

This is not to say that the future for the elderly is hopeless. Social change does occur, and we are in a position to have an influence on the way in which these changes come about. As educators, you yourselves can have an effect upon the lives of older people that is hopeful and constructive. My purpose is not to counsel surrender but rather to recognize that formidable obstacles have to be dealt with if we are to win the battle to restore those in the older age segment to a satisfying and honorable place in society.

<u>Need for the Second Career</u>

It may be worthwhile to begin by asking, Why a second career? Why should we assume that second careers are desirable? What kinds of benefits should come from second careers?

The most basic reason for the second career is that it should mean remaining in the mainstream of life. Formerly, the elderly had an important and secure place in society; they were grandfathers and grandmothers, they often retained control of family enterprises, they continued to direct and were looked upon as wise and long-experienced persons. In the extended family of, say, three generations and perhaps brothers, sisters, aunts, uncles, cousins, the older people had a place which they and everyone else recognized and valued. The passing of the older and more traditional way of life has largely taken away such roles. In fact, with the transition to modern society, the erosion of family-centered roles has tended to make work roles more and more significant in filling the life space of the older person and giving him a sense of worth. Therefore the loss of the role of employed worker has much more serious consequences than before. Hence, to finish a work career means to enter a kind of limbo in which meaningful roles are lacking.

Some of these ideas were set forth systematically some years ago by Havighurst (1951: 12-22). According to his analysis work has the following meanings: a basis for self-respect and sense of worth; a source of prestige or recognition by others; a locus of social participation; a source of intrinsic enjoyment or of creative self-expression; a way of being of service to others; a way of making time pass; a way of earning a living; and a heavy and unpleasant burden.

In the field of social gerontology two opposing theories are being argued as to what is the nature of successful aging. One of these, known as the theory of disengagement (Cumming and Henry, 1961), holds that people who adjust satisfactorily to the aging process go through a gradual process of withdrawal from their relationships with others, constriction of their interests and activities, and modification of their personalities in the direction of self-centeredness. The publication of this interpretation a decade ago evoked angry growls of protest from the many gerontologists who believed in the implicit but fairly well-defined theory that successful aging consists of remaining as one grows older as much like his middle-aged self as possible. The last word on this matter has not been said by any means. But it can be seen that retiring to nothing in the way of meaningful roles would accord very well with the disengagement idea, while keeping involved in life through continuation of an established career or by embarking on a second career would fit the activity theory.

As a matter of fact, there are findings from research conducted by social scientists that tend to support the activity theory, indicating that losing major social roles,

including that of worker, has undesirable effects. It has been demonstrated, for example, that the general level of activity is higher for older people who are married, live near relatives and friends, have lived for a long time in the same place, and are employed (Riley and Foner, 1968: 419-420). Moreover, it has been found that satisfaction with life is greater among older people who are still working compared with those already retired; this remains true even for persons whose health and socioeconomic levels are similar (Riley and Foner, 1968: 350-351). Other investigations have made it clear that people who are retired are more likely to feel old than their counterparts who are still employed (Riley and Foner, 1968: 305); and since it is generally true that being old in our society carries a stigma, this research result probably means that the retired are less hopeful, less satisfied, less "adjusted" to life around them than those still working.

Recently Palmore (1969) has reported findings that appear to make it even more important that certain key social roles such as meaningful work be continued. On the basis of an analysis of data about volunteers in the longitudinal, interdisciplinary study of aging under way at Duke University, he concluded that work satisfaction is positively related to longevity; more generally, he found that his "evidence suggests that maintaining health, mental abilities, and satisfying social roles are the most important factors related to longevity" (Palmore, 1969: 108).

A second career also is important from the viewpoint of community and society. Older people constitute human resources; they have something to give to their fellow man. If we sideline them, that is, if we keep them from performing jobs of some kind or providing services to others, then we prevent them from contributing. This is to a large extent the situation that exists today for the people who reach the age at which they are forced to retire from their customary work. Now, we can look at this from the point of view of the elderly person who is affected, but for the moment I want to direct attention to the societal point of view. A society has a definite and limited amount of manpower available to it; at any given point in time, there are exactly so many people able to do work; and these potential workers have knowledge and skills that we can classify in terms of the contributions that can be made toward doing necessary jobs. People who are in the older years constitute a part of this pool of manpower. Therefore, in the degree to which we as a society do not make use of them as workers — we are squandering a portion of our human resources. The question then becomes, Do we need all of this manpower? As an affluent society, do we have such a great quantity of human

resources of such high level that we can afford not to utilize part of it? My answer to these questions is quite categorical: we in the United States need to take advantage of all the manpower we can get. It is hard for me to see how the answer can be otherwise when we look about at the seemingly overpowering social problems that surround us and at times seem almost to be smothering us. To put the matter in other words, the more manpower we can bring to bear, the more we should be able to do to raise levels of living, eliminate inequalities, and enrich the lives of our people.

A third reason for pushing for second careers is that this is a means of keeping all the people in our nation integrated in the society as a whole. Obviously, this is related to what I said earlier about the apparently close relationships between having important social roles and being satisfied in old age, but in this case once again I wish to focus upon the consequences for the society rather than the individual. As sociologists, we see a total society as one great social system made up of intricately interrelated subsystems. The various subsystems are comprised, of course, of people who have defined social relationships with others in the system. A good example of this is the nuclear family, composed of a married pair and their children; all the members are tied together in relationships that involve both rights and privileges. Now, the biggest social system we know, the United States as a totality, can work well only if all the smaller social systems of which it is made up do things — technically, perform functions — that contribute something essential to the systems on the next higher level. When this situation does not prevail, we are in trouble — as we are in terms of the racial and ethnic minorities, the poverty-ridden, and — to some extent, at least, — the youth. The same reasoning applies to the elderly. If we exclude them from key social roles, then we are excluding them from participation in the society and we have a socially unhealthy and potentially dangerous situation. In other words, we have in that case failed to integrate successfully in our social system a very substantial segment — about one tenth — of our population.

On the basis of what has been said, it seems clear to me that helping people develop second careers is both worthwhile for the persons and advantageous for the community and society. But is has to be admitted at the outset that it is not easy to do. Therefore, it may be useful to take a few minutes to deal with the question, What are the obstacles to second careers for the older person?

Obstacles

Poor health and physical and mental disabilities may stand in the way of a second career, of course, but the influence of this factor should not be overestimated. During the period 1965-1967 the National Health Survey revealed that 81 percent of those aged 65 and over had no limitation of mobility, even though 67 percent of this nonlimited group did have one or more chronic conditions (U.S. Department of Health, Education and Welfare, 1970: 7). It is almost certain, in addition, that a large majority of the 19 percent who were disabled were concentrated in the higher ranges of the old-age category. To put it affirmatively, even though deficits of health may be an incapacitating factor, about four out of five persons beyond age 65 are not affected by this. A national survey of beneficiaries of Old Age and Survivors Insurance some years ago showed that the principal reason for retirement given by the former workers was their inability to continue in employment because of illness, accident, the infirmities of age, and other incapacities (Stecker, 1955); these are people who will not be seeking a second career.

Another obstacle is what we may call "ageism" just as we speak of racism and sexism. This marked tendency to dislike, be hostile toward, or seek to avoid aging and the elderly is a fact of our national life. For women seeking employment, this factor begins to operate as early as age 35, for men, not much later. Just why Americans tend to abhor the aging process and the aged themselves is not entirely clear; it has been conjectured that our long national emphasis upon youthfulness as we pushed the frontiers westward could be related to it. Nevertheless, it is true that the difficulties created by the adverse attitudes are real in their consequences.

The way in which work itself is organized creates another impediment to the employment of older people, including the provision of second careers. In the first place, a sort of career pattern is assumed: people enter jobs at relatively young ages, progress through the organization (more or less, depending upon the opportunities for upgrading and advancement), and finally retire at some stipulated age in the neighborhood of 65. Complications arise from pension plans also related to the career pattern. As a result, business, industry, and government usually find it hard to accomodate to hiring older workers; they simply do not fit the pattern.

Two other aspects of work organization in the modern industrial society likewise impede older workers. For one thing, educational and occupational obsolescence occur. Rises in

the average level of educational accomplishment give younger applicants a decided advantage, and changes in technical processes not infrequently place the older person at a disadvantage (Wilensky, 1964). For another thing, the number of "old men's" jobs has been declining in proportion to the number of old men. That is to say that older workers are found in greatest numbers in occupations that are either dying out or losing importance, such as farmers, tailors, and locomotive engineers.

But probably the greatest obstacle of all resides in the older people themselves. This is their marked tendency to accept unconsciously the prevailing opinion regarding their own worth. And since we have already noted that such generalized opinions devalue the elderly, this means that they tend to devalue themselves. Everyone who is at middle age or past that somewhat indefinite point in the life span has felt to some degree the pressure of such unfavorable evaluations of himself, and the influence of this factor undoubtedly is growing because rapid social and technological change brings apparent obsolescence earlier than was true even one generation ago.

Capacities of Older Workers

Against the foregoing negative factors, on the other hand, we can place a number of quite positive aspects. Summarizing many scientific studies, Riley and Foner have noted:

> Studies under actual working conditions show older workers performing as well as younger workers, if not better, on most, but not all, measures. Thus, those men and women who remain in the labor force during their later years are not making generally inferior contributions, despite their frequently poorer performance under laboratory conditions. (Riley and Foner, 1968: 426).

The authors go on to caution that what they say does not necessarily apply to all older people, but only to those remaining in paid employment, which undoubtedly is a group that has been reduced by attrition through the years. Nevertheless, the results of the various studies are heartening. They further observe that older workers, even though they may sometimes produce at lower rates, "Are at least as accurate and steady in their work as younger workers" (Riley and Foner, 1968: 427). There are great individual differences in the work output, with many older workers surpassing the average level of younger workers. Moreover, "there is no indication of any inevitable decline with age in regularity of attendance, despite the comparatively poorer health of older workers" (Riley and Foner, 1968: 429).

The above statements could be supplemented by other specific findings of carefully-controlled studies which demonstrate, in general, that older workers are by no means the liability that they are often thought to be.

People in the older ages have another kind of quality that is not easily measured but, in my judgment, is real and important neverthe less. I am referring to their superior judgment and to the greater maturity that frequently enables them to deal with problematic conditions more sensibly, more calmly, and more adequately than would be true of many younger persons. In part this consists in a greater steadiness that results in turn from lowered emotionality and the lessening of interest in many competing life activities. To the older person, the work he does may well be more central to his total interests than is true of the younger person preoccupied with other aspects of his life such as sex and marriage, children, and sports activities. Hence he can be expected to be more dependable on the job, less likely to jump from job to job — in a word, more stable. It is not an accident that the vast majority of our high political leaders and great statesmen throughout the world are in the later ages, for they combine long experience and extensive knowledge with a mature approach toward their responsibilities.

Even more difficult to measure and assess is the quality of altruism. To be selfish is a human characteristic, and a central purpose of the organization of people into groups, including society as the largest and most inclusive group, is to restrain and control the selfishness of individuals for the good of others. Within any randomly distributed aggregate of persons the degree to which people are self-seeking will vary greatly, of course. My belief is that as people reach the older ages they become somewhat less selfish, partly becuase they are no longer driven to the same extent by the burning ambition to overcome others in the rather fierce competition that characterizes American life. Thus altruism, the unselfish concern for the welfare of others, can and I belive often does become a more important element in their personal motivation. If this is true, then the older individual should be more willing than the average younger person to do work for the good it provides instead of for the gains it can bring him in money, power, and prestige.

Building Second Careers

Thus far I have argued that second careers are highly desirable, from the standpoint of the society as well as of the elderly person, pointed out some of the serious obstacles that stand in the way of developing second careers, and

specified some of the strengths of the older person who seeks to enter into a second career. Now I should like to turn to the question, How may adult educators aid those for whom a second career seems to be a logical next step in their careers?

At the outset it is fundamental to see that the second career is not for everyone in later middle age or beyond. A fairly small proportion of such people have mental, emotional, and/or physical problems that preclude their working. Others outwardly seem capable of working but are not motivated to do so, probably because a key aspect of the aging process is a gradual decline in energy, and in this too there is substantial individual variation. Another category of persons who will not appear as candidates for second careers is made up of those who desire retirement from their previous activities, have made realistic plans for it, and have sufficient financial means to enable them to live comfortably without earnings from employment. By and large the older people who fall into the categories just mentioned will simply not present themselves to participate in educational programs oriented to second-career planning.

In this connection age itself need not be a central factor. As Shock has observed (1962), there are pronounced differences in the rate at which individuals age. Consequently, a 75-year-old may be no different from a 55-year-old so far as the state of his organ systems is concerned, and he may therefore be just as good a possibility for a second career as the person who is much younger in years lived. All of us can think of numerous illustrations of this principle among well-known persons about whom we have read, and often we can find examples also among the persons whom we know personally.

In counseling and training persons for second careers, nothing is more important, basically, than building positive attitudes. In saying this, I do not mean unfounded or unrealistic attitudes but rather emphasis upon the real capacities and abilities possessed by the older individual and upon the favorable elements to be found in the environment in which the second career is to be forged. To live to middle age and beyond is to have been subjected to failures and reverses as well as to have experienced successes; the current phrase, "you can't win 'em all," is true in this context. It follows that everyone in the older ages, then, will be aware that not everything that he has tried has succeeded, and that there is, indeed, the possibility of failure. Moreover, aging itself is a process that brings with it what Havighurst and Albrecht (1953: 26-28) called the "insults of aging" (loss of physical attractiveness, lessening of physical health and vigor, loss of status). Obviously, stressing such decrements can have no good effect in preparing

people for new or continued careers. That is why it seems essential to me that within honest limits we should place emphasis upon the positive and under play the negative. For a key element in this situation is how the older person regards himself; this in its turn will greatly affect the way others, such as future employers and associates, perceive him.

Early planning for the future career change likewise should bring decided benefits. Most of us know men in the military services who, anticipating retirement at a given time, have systematically prepared themselves for their second careers. By doing this, they avoided a period of uncertainty and aimless casting about when they were released and accomplished the transition to the second career with a minimum of maladjustment. Military personnel are a special class, of course, and I am not directing my remarks primarily at people of this kind who are ready for a second career-launching at a rather early age. But such experience does make neatly the point I have in mind. When we spend many years in a given kind of work or other activity, we tend to go along more or less contentedly in what might be thought of as a rut; and, carrying this figure of speech a step further, it is hard for us to see over the edge of the rut. As a result, there is a strong likelihood that our ways of seeing and thinking become somewhat stereotyped and inflexible since we are in a sense prisoners of our particular career with its own standardized way of perceiving the rest of the world. It follows from this that even contemplating a second career will require rethinking, the recognition that the new direction really is a genuine possibility for us, the gradual reorientation to the view that it is plausible that we undertake it. In brief, we have to be able to "see" ourselves in the new role. This is not as easy as it sounds; I have frequently seen middle-aged and older people reject out of hand a suggestion that they might go into such-and-such work or other activity, simply because they could not successfully rearrange their thinking so that they could conceive of themselves as being in the proposed situation. Clearly, then, the sooner the planning begins, the better.

When planning commences, a useful first step is making an inventory of the abilities, experience, and interests of the person. It is logical enough, of course, that such background information should be taken into account, but it is not so obvious that there may be considerable gain from the preparation of a detailed inventory in a methodical way. In this process some kinds of capacities and experiences may be discovered that can be very relevant to further work. This is particularly so if the inventory is made to include aspects that do not have to do with employment <u>per se</u>.

Organizational activities—office-holding, committee chairmanships and memberships, volunteer work in service organizations and churches—may provide clues to interests and competencies that were not recognized even by the individual to whose history they belong. But even within the framework of employment experience certain facets may have been overlooked. Here it is helpful to note the distinction made by Miller and Form (1964: 229-231) as to the different behavior required by a job. The first kind is technical, usually referred to as "skill," as when a bookkeeper makes the proper entries in an account book. The second type they call socio-technical. It is technical behavior which invloves social interaction; an illustration would be the lawyer's secretary who must interact with the clients who present themselves at her desk, the other secretaries in the office, and her employer and his colleagues, as well as the clients and others with whom she talks by telephone. These social aspects are just as much a part of her job as being able to take dictation and operate a typewriter. Finally, the authors designate the third type of behavior as purely social, observing that whenever anyone works with others in an organization he must engage in give and take with those others and that job skills must include the ability to adapt more or less smoothly to life in the work group. I mention Miller and Form's classification of kinds of job requirements because this may provide a useful tool to the educator who is trying to diagnose an older person in terms of his potentialities.

But developing second careers is a matter of finding places in which to fit people with given qualifications and interests. That is, one side of the equation is the potential worker and the other, the position that he may occupy. Accordingly, it is essential to give as much thought and effort to where people may be placed as to what they themselves are able to do.

To carry out this aspect of the educational task requires two kinds of knowledge. First, it is important to know about markets for employees. At this point I am thinking of the situation at a regional or national level. The U.S. Department of Labor periodically publishes extensive information about careers, specifying the kind and amount of preparation required and both short- and long-term opportunities. As you know, certain types of personnel tend to be in short supply, others in oversupply. Second, it seems just as important for the educational counselor and teacher to know a good deal about the job-supply situation in his own community and the area readily accessible to residents of the community. The local Florida State Employment Office can be useful as a source of some information, but it should be supplemented by newspaper reading and inquiries of the personnel departments of large industries. Knowing the fundamentals about overall

career opportunities and, in particular, those in one's own area will enable one to give sound advice to those who turn to you for assistance.

A further step should be taken by those for whom it is feasible. Personal contacts with selected employers, large and small, governmental and private, may pave the way for placement of specific individual trainees. Interviews of this kind with employers will call for careful explanation and persuasion, for frequently it is necessary to convince the people who control hiring that the older worker has something to offer, may be a superior employee in some respects, and at the very least deserves the chance to show what he can do.

Some other techniques for fitting people to jobs likewise merit thoughtful consideration. One of these is used by Mature Temps, Inc. which hires people aged 55 and over and puts them to work in temporary jobs with employers who contract with Mature Temps for the services. The agency thus is the employer of these older workers, paying them their salaries and taking care of social security taxes, income-tax withholding, and insurance. The advantage to employers who contract with Mature Temps is that they receive personnel to meet their short-time needs and are spared all the usual personnel and paperwork associated with selecting, hiring, and providing bookkeeping services. After highly successful demonstrations in New York City and Philadelphia, the enterprise has established branches in several other cities (Anonymous, 1970).

Another approach was taken by Project Senior Abilities, at Albertson, Long Island, New York. Its purpose is to match the skills possessed by the persons aged 55 and over whom it serves with job needs in its territory. This involves building a "skills bank" cataloging the abilities and experience of its applicants, and a continuing survey of jobs through government and industrial contacts (Anonymous, 1971). Thus Project Senior Abilities is essentially an employment agency specializing in jobs for older people. Like Mature Temps, it is a nonprofit enterprise.

In my frequent references to "employment" I may have given the impression that I have been thinking of second careers merely in terms of paid work. This is not entirely true. Volunteer work frequently may be an attractive and highly useful alternative to paid work, especially when the older person seeks to be active, involved, and of some utility to society rather than to supplement his retirement income. Now the amount of volunteer work to be found in any given community will vary according to the size of the community and the degree to which it is socially organized. Therefore,

many smaller places may not offer much for the volunteer while many of our larger communities may present a rich variety of work opportunities of this kind. Even in the smaller cities and towns, however, the exercise of ingenuity can lead to the creation of volunteer positions that can contribute to the improvement of the community at the same time that they are making a better life for the elderly volunteers.

The matter of second careers for older persons can be thought of as somewhat similar to putting together a jigsaw puzzle. The jumbled pieces go together, we have good reason to believe, but fitting them properly is painstaking and requires creative imagination. Most of all, it is the imagination that often is lacking.

Therefore let me conclude these remarks about second careers by stressing the decisive part that can be played by imaginative thinking. All of us tend to get bogged down in the usual patterns of solving problems and to overlook, as a result—or rather, not even consider—unorthodox ways of dealing with problem-solving. The whole process of preparing people for second careers must necessarily be a creative one since the odds are great against this kind of swimming against the stream. But the goal is, as I think I have shown today, a worthy one justifying great efforts, and adult education can do much to bring about a situation in which second careers are a much more common and generally accepted aspect of life in the older years.

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COUNSELING OLDER ADULTS AND USING COMMUNITY RESOURCES

by

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I am pleased to have this opportunity to be a part of the program for this Institute. I regret that other requirements of the Department of Health and Rehabilitative Services did not allow time for me to attend your earlier sessions because the subject of the Institute is something I am most interested in.

For many years I have been professionally employed in a state agency providing financial assistance and other services to Florida's needy citizens, one such category being the program of Old Age Assistance. My experience has been from the worker level, to supervision, then administration. It has always been my contention that the need for increased emphasis on services to our older citizens is of major importance. I can add, however, that in Florida we have made some progress.

Prior to 1969, the former Florida Department of Public Welfare administered the programs of public assistance and a limited medical care program for needy people. With the Governmental Reorganization Act of 1969, the Department of Health and Rehabilitative Services was created whereby seven agencies concerned with state programs for public health, mental health, vocational rehabilitation, welfare, youth services, retardation and corrections are brought under the one umbrella agency. The former Department of Public Welfare was renamed the Division of Family Services. The former Commission on Aging that administered federal grants under the Older Americans Act was assigned to the Division of Family Services and is now the Bureau on Aging within that division. The effect of this action has been to better coordinate state programs concerned with services to the older citizens and in several areas we have been able to expand services without adding administrative expense to the state. I will be alluding to this later in my discussion about using community resources.

As we consider the provision of counseling services to older people, I need not recite to you the statistics establishing the longer life span and increasing numbers of older adults living in retirement or semi-retirement. Neither will I dwell on the fallacy that "old age" begins at any specified chrono-

logical age. I am assuming that we are today concerned with those people who are past middle age and, for whatever reason, are needing to plan for less active lives—yet retaining a significant, meaningful, and satisfying place in society.

In considering techniques for counseling older adults, there is no standard set—one, two, or three—series of "dos and don'ts." You are relating to individuals with distinct and separate personalities. In general, we can say most of these have been people who in earlier years have achieved a degree of success, small or large, who have been able to cope with their problems with some degree of maturity and satisfaction, but because of declining years, find it increasingly difficult to handle the pressures that face them.

We can say that how a person was able to make the "shift" to accommodate changes in earlier life experiences and styles will affect their ability to cope with the pressures and problems facing them in the later years of life. It therefore follows that your service plans with your aging client must take into account a careful analysis of the individual's own personality and the clues you get about his means of coping with his problems from childhood to where he is now, as well as his feelings about how he views his future.

Before going further into the "how" of establishing a meaningful and workable helping relationship with your older adult client, let's start with a look at you, and what assets you need if you are to be accepted in your role of a counselor.

The prime requisite, I believe, is to be a person with sincere liking and concern for people; a person who feels comfortable with older people and feels a commitment toward the provision of service that will help the aging client have a happy, active life with the feeling he has maintained his sense of individual worth and dignity. You must be able to use your own personality in such a way as will allow your clients to see you as a person whom they can trust and on whom they can depend. You must be the kind of person who can accept your client as he is, being non-judgemental in approach, neither threatening or overly authoritative in method. This calls for the counselor to be very careful in the examination of his own values and prejudices that can interfere with the willingness to fully use himself in the giving of needed help. Does he <u>really</u> believe the older adults in our society can and must be utilized as important members of society, or does he view it just from a purely humanitarian standpoint of making life more comfortable for them, to ease society's conscience? I note that you have already had discussions on the physiological and psychological aspects of aging. We know that as we grow older our physical and mental processes begin to slow down. Again,

this varies widely from individual to individual, depending on his heritage and environmental influences on physical and mental health through previous life stages. Nevertheless, the reality factors, such as degenerative changes of the brain and other organs of the body as the aging process progresses must be taken into account. Thus, there will be some slowing down in thinking and responding. As the individual's resistance to physical ailments becomes less effective, he may become over-anxious about his physical health. If circumstances force him into retirement and disengagement from former pursuits, before he is prepared for this, he will likely be frustrated and angry, which causes the problems of the aging person to be more complex than the direct effects of senile decay alone. This is further compounded by the disturbing effects of socio-economic and cultural change all of which gives the aging person every reason to feel insecure. You will need to help him deal with these feelings. A recent article I read had an example of this business of handling our feelings. A woman approaching the "senior citizen" age could not accept a suggestion of participating in a Golden Age Club, but might consider a "Silver Age" Club which she had heard might be organized in the community.

In former times and in some cultures, the aged person retained a much more respected position in his family and community than is true in our culture today. The multi- generation family no longer lives together in close proximity with assigned place and responsibility. I am not advocating that we should return to this, however. I am not sure, but what that in the cases where grandma and grandpa continued to reign as head of the family, the second and third generations were not stymied by restrictions thus placed on their growth and maturation processes.

We also know that many studies have been made that support the theory that successful aging is greatly dependent on the retention of autonomy and independence by the aging person. Thus, it is of extreme importance that programs planned for older people be based on the concepts of ego supports, self-determination, creative contribution, and the need to feel needed, useful, and respected.

I like to use the comparison of opening door versus closing doors when considering what happens to people's feelings of being needed and useful. From infancy to middle age, we are continually going through opening doors—learning to walk, talk, start school, courtship, marriage, jobs, children—these are experiences that are a series of opening doors for us.

After middle age, we begin to see more doors closing, such as children grown and leaving home; no more need for PTA, Cub

Scouts, little league, etc., and so it progresses as we leave jobs and connections with business associates, many activities that are now proving too strenuous and demanding; loss of mate; finally perhaps leaving our home for more protected living arrangements.

I submit to you that groups such as you are here to represent, need to help devise and put into effect programs that will produce doors that will be opening again to our aging population.

Now, how do we determine what kind of personality we are working with, in order to know what procedures to follow? We have already said you must begin to build a trusting relationship from the outset. In general, the first step then is to let your client tell you about himself. Usually this isn't difficult if you have been able to convey to your client that you are sincerely interested, will treat information given with respect for confidential aspects, and your interest is not for the sake of prying into his personal life. Most older people enjoy recounting their life experiences, and indeed they need to share these experiences with others. I would certainly hope we never shut out this source of great wisdom that comes from having lived for 50, 60, 70, 80, 90 or 100 years. Furthermore, his feeling of self-worth is enhanced by your recognition of what he has achieved in the past and what he can do now in spite of adversity.

Listening is one of the most important skills you use in any counseling situation. What your client tells you, <u>verbal and non-verbal</u> is your main source of clues as to what kind of person he is, how well he has been able to cope with his problems in the past, what kinds of activities have had the most significance for him in the past, what kind of preparation has been made for useful, satisfying living in retirement years, what economic, social, and emotional resources does he have to depend on, how flexible has he been in prior life that will put him in good stead for the adjustment ahead.

After getting this background information, there must be formed a careful analysis and evaluation of the things you've learned from your client. This needs to be thoughtfully weighed with information gained through collateral contacts—relatives, friends, and others who are significant to your client.

As far as your client is capable, he needs to be actively involved in the decisions affecting him. If you are dealing with a person who has been an independent person accustomed to having considerable control over the direction of his life, then your counseling needs to be directed in ways that will help him arrive at a solution compatible with his need to retain his sense of self-determination.

We also need to keep in mind that older people may be temporarily hindered in their ability for self-determination by some crisis. Watch for the place he begins to regain his ability to function. You then begin to shift your role from that of allowing and encouraging him to lean on your strength and guidance, to that of supporting him in a return to a greater share of the decision making as it affects him, and to the full extent of his competence for self-determination.

Now let us consider some of the decisions most aging people must come to grips with:

1. Working - If his greatest interest in adult years has been work oriented, the chances are he places the greatest value on this and may need help in planning for some part-time, and less demanding work. On the other hand, you may find that while work has been his chief concern up to here, in reality, the work was secondary to his chief aim of getting financial security in order to afford a more leisurely life for the pursuit of activities he had to postpone during the years of financial responsibility to the family.

He then may need guidance in selecting realistic activities that will fulfill some of those expectations. Maybe he always had a "yen" for being an artist, but could never have time or money to pursue this, while being a plumber as a means of meeting financial need.

By the careful analysis of what he tells you, and the feeling he manifests when he tells you of his wants and needs as you work together, will serve as your guide, as you counsel with him about what kind of future activity will help him retain his sense of being worthwhile, contributing member of society—a position where he can enjoy a rightful measure of respect.

2. Social and Spiritual - Again, the older adult is more likely to follow the pattern of involvement and interest in spiritual and social activities as has been his practice in prior life periods. If he has enjoyed church and social affairs in the past, chances are he can use your help and encouragement.

3. Family Involvement - Ethel Shanas in her study of family relationships of older people published in 1961, found that despite some ideas to the contrary, there continues to be strong affectual and other ties which bind families together, but that to be dependent on adult children for financial

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[1]Ethel Shanas, "Family Relationships of Older People," Health Information Foundation Research, Series 20 (October, 1961).

support poses a considerable threat to the aging relative. Shanas concluded that what most older people want from their children is love and affection, and to be financially dependent on them would threaten this affectional relationship.

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All the literature supports the contention that older people need to remain in the stream of community life. They need companionship, religious affiliation, and a sense of contribution to the well-being of their society. The family can be encouraged to help the elderly parent arrange to participate in such activities. One point that bears discussion here is the understanding that elderly people need companionship with the opposite sex as much now as they did in younger days. Adult children are sometimes less likely to understand and accept this emotional need by their aging parent. If this is an issue in the relationship between elderly parent and children, the counselor can try to help the children understand and appreciate it, rather than having the attitude that having a gentlemen or lady friend is a "silly return to second childhood," and should not be considered as unbecoming or inappropriate just because the person has reached old age.

In summary, elderly people need to have familial ties that give him a sense of having value in a family system. Recent studies support the idea that these inter-generational ties have not lessened in strength, and that adult children, or other younger generation relatives have affection and concern for the well-being of their aged relatives. When social services are being offered, the counselor needs to have as a goal the maintenance and strengthening of these family ties. The approach should be guided by the dynamics of preceeding family interrelationships. The counselor must be able to determine what the family communication patterns have been, and what the strengths and problems are within the nuclear and extended family system.

What service goals are set must be compatible with these background factors. The counselor must be non-judgemental and flexible in dealing with the various family members. He must be able to recognize and help them handle difficulties associated with changes of role in relation to each other—more like new roles than role reversal—when the aged parent has declined in ability to independently manage his own affairs. The problems and needs of the adult child's circumstances must be understood and taken into account. Undue pressure to increase financial and other supports should not be placed on the adult child. If he is able and willing to do so, he can be recognized and appreciated for this, although he might need help in directing his support in ways that do the most good for

both, yet not need to feel guilty about its quality and quantity. If the past relationships are so faulty that help cannot come from him without the intensity of adverse feelings on his part, then efforts to increase the interrelationships might best be left out of the planning with services focused on helping the aged client develop meaningful relationships with other significant relatives, friends, and neighbors who can help fill the void.

Another area of needed information is that of community resources. The counselor needs to know what there is in the community that can be utilized for the benefit of his client, such as:

1. Sources of financial help -
   Is he eligible for Social Security benefits, Public Welfare, Veterans benefits, any retirement funds possibly available as a result of a deceased spouse's credits.
2. Sources of health care -
   Public Clinics, Visiting Nurse Services, Access to private sources of health care, Hospitalization programs, availability and costs of nursing home, foster homes for aged, etc.
3. Agencies and other sources of part-time employment opportunities for those who are able to perform work to supplement limited retirement income.
4. Recreation programs for adults -
   Arts and Crafts, Social Clubs, Education programs for further works opportunity and/or other creative pursuits.
5. Spiritual participation -
   Access to church of choice, Other church sponsored activities for older people.
6. Opportunities for older people being involved in volunteer services within their interest and ability.

To know the community resources and then help your client to accept the sources of needed help is important. In this connection, I should also like to urge you to not only know these sources of help, but also call on the knowledge and experience of the professionals in these community agencies to augment the service responsibilities you carry.

In Florida we have made one resource available which I mentioned earlier. After reorganization of state government in 1969 when the former Commission on Aging became a part of the Division of Family Services, the division began to seek ways to expand services to all older citizens—not just those being served because of financial need under the Old Age Assistance program, and the grants-in-aid program to a limited number of

communities for senior citizens programs under the Older Americans Act. The Division has staff and local offices in each county of the state. Therefore, the decision was made that at least one professional in every local office be designated as Senior Citizens Ombudsman. This person is trained to respond to requests of all senior citizens, whether needy or affluent who need advice and referral help to find a solution to many kinds of problems. This may be help in getting information about income tax, property matters, legal services, health care, community programs for senior citizens, etc. Although we use the term "ombudsman", this staff assignment within the same allocation of funds places some limitations on what this person can do within the true definition of "ombudsman" as an investigator of complaints by individuals, but at least it does provide a single source of information for senior citizens in the community. I hope you will get to know this person in your community. You can make this contact by calling your local office of the Division of Family Services.

Another area I believe should be touched on here is an examination of your role in relation to developing needed community resources. Should we not consider the need for more activity as advocates for the needs of older people. How active are we in working to develop the resources we know are sorely needed but not available?

As in all states, Florida has been engaged in conducting forums all over the state in preparation for the White House Conference on Aging. These forums gave senior citizens the opportunity to voice what they see as their greatest needs. In the forums held, 12,000 older people participated. Some areas getting greatest expression of concern were:

(1) Need for increased income - Social Security and other retirement plans have not been increased in adequate amounts to keep pace with the increased costs of living.

(2) The lack of adequate health care facilities and the high cost of such care.

(3) More low cost housing and living arrangements planned for the needs of older people.

(4) More low cost hot meals for the elderly; better control over quality and quantity of pre-packaged foods; and the need for a system getting prepared meals more available to people who are home bound or limited to the immediate environment of their place of living.

(5) More job opportunities for the elderly, particularly part-time work to supplement retirement income.

(5) Improved public transportation facilities at lower cost to transport the older citizens to necessary health care, shopping, recreation and church facilities in the community.

(7) Development of more senior citizens centers and organized clubs.

(8) Expansion of legal aid services to the elderly.

These are but a few of the needs so identified. There were many others. For instance, an emergency telephone number for senior citizens to have to call for help. It seems to me this kind of help in most communities could be developed without great expense and with the use of volunteers; and there are many such services that can be developed with some innovative thought and planning. As far as the greater needs, such as those I have just recounted, they need attention. In some communities there are not resources to do it all, but we never accomplish anything if we do not make a start, no matter how small a piece of the problem we address ourselves to as a beginning.

My contention is that as practitioners in this field, we need to give some of our talents and energies in the development of needed programs, help to secure the attention of the power structure, and serve as a catalyst.

To summarize, in all relationships with the older client and his family, the effective worker is a person of genuine warmth, concern and personal commitment in helping the aged client have a happy, active life with the feeling he has maintained his sense of individual worth and dignity. The counselor uses his personality and professional skill to give the elderly client the assurance that the relationship is something on which he can depend for the kind of help that is within the function of the agency represented by the counselor. The counselor is careful to communicate to the client and his family the nature of the services he can offer, what his function will be in helping the client avail himself of the services being offered; this interpretation being done in a professional way that is understandable to all concerned.

Beyond the authority of the agency being represented by the counselor, he does not act in an authoritarian manner. This does not mean he does not have to sometimes set the rules and limitations. Where this is necessary, this is done in a kind way that conveys to the elderly client that he is still liked by the counselor, but his behavior is that which is not liked. The fact that the counselor may represent authority, to the extent of representing the authority of his agency, can be a

positive and reassuring element for the elderly client, in that the client can feel assurance that the authority is there to back up the services being offered. Nevertheless, the counselor does not individually assume a role of authority which will be threatening to the elderly client or his family. This calls for the counselor to be very careful in the examination of his own values and prejudices that can interfere with the willingness to fully use himself in giving the needed help.

Finally, the counselor must be able to create and maintain a good balance in the relationship that allows the elderly client to be as active as possible in the solution to his problems, yet be able to feel comfortable in leaning on the strengths of the helping person and other family members. This is the balance between being over-protective and the giving of love, support, and comfort directed toward utilizing and building on the strengths that are still present.

LEARNING AND THE OLDER ADULT

by

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What I would like to try to give you is a new way of thinking about the process of aging first of all; and then point out some of the more limiting factors which inhibit learning performance as we grow older; and then, finally, suggest to you a series of nine or ten propositions so that you can have many implications for your responsibility in arranging, designing, and developing meaningful and reality-centered learning experiences for older adults.

When we think about aging, which is a process which we are all involved personally, we usually think of it as a process of declining instead of a process of growth and development. I think it would pay us sometimes to turn it around and think of the aging process as one of growth and development rather than one of decline.

Now let me give you some clues as to how you might do this. I'm not trying to play word games so that you will not think of yourself as being as old as you are. If you'll think about it, you are the result of genetic aging that started when life first began, and you are a product of the evolution of that genetic aging process down through time. You yourself, the protoplasm that represents you—not only your genetic heritage, but your cultural heritage—is a process of continuing aging that began with that first cell, or however you think it began. Viewed in this way, aging is a continuous, evolving, growth oriented process. The process that we tend to think about most often when we think about aging is the biological, social process that occurs within our own lifetime. It is this kind of aging that I will address myself to today.

There are three major principles or components about aging that I think we should keep in mind which, in a way, go against the commonly held beliefs that most of us have. These have already been alluded to by previous speakers, but I would like to make reference to them again because I think they are important.

First of all, growth and declining are perceived simultaneously within all of us. Some areas of degeneration and decay begin before birth. Other areas of growth and development are still developing and progressing well into the seventh, eight, or ninth decades of life, and as far as you want to go, as far as we know.

Some examples? All right, when you are born you do not have the potential for as keen a sense of taste as you did during your prenatal period. In other words, the number of tactile receptors in your tongue compared to the number at birth and several weeks before birth-you have lost some, and you lose a few from time to time, from year to year from that point on. At the other end, we know that the tensil strength of the smooth muscular system improves in most people up to the sixth and seventh decades of their lives. Your bone density does not reach its maximum until age 50 or beyond. The increasing complexity of the neuro-fiber make up of the nervous system, particularly your brain, goes on expanding barring disease, degeneration, or loss through excessive or abusive living habits; it increases in complexity and potential for performance as long as you live. This has a lot of implications for older adults to learn as effectively as young people.

Another example of a loss that is occurring relatively early in life is your sense of hearing, which for most people reaches maximum acuity at about age 15. From that point on, until about age 60, there is a gradual but measurable decline in hearing abilities as we move along from year to year.

As far as we can tell, there are only three typical losses which have any significant bearing on ability to learn, and most of you know what they are. Perhaps the most important one relates to visual acuity, the decline in our ability to see. As we become older, we tend to lose the capability for pinpoint vision; we tend to lose some of the acuity for color vision, and so on. These losses can be corrected easily through mechanical and medical help.

A second major loss is that of auditory acuity, or our ability to hear. As I mentioned before, this loss begins for most of us around age 15. But even here, when we get to age 60, we find around 50% of the population that still has normal hearing. This is why, when we talk about aging, we cannot talk about the average person, because there is no "average" person. Averages are really statistical devices, and although I know that statistics never lie, statisticians lie all of the time. If you are trapped into this belief about the mystical average, you'll be designing programs that really fit no one.

The third major loss that occurs, and this is a relatively minor kind of loss, is our loss in reaction time—how fast it takes us to react or respond to a given stimulus or set of stimuli. Now it's this third loss, the slowing down slightly of about 1% a year after you are about thirty years of age, so that when you are 45 you're back down to where you were when you were about 16. Now I don't mind being thought of as a 16-year-old swinger! These losses are measurable in terms of learning performance, and most of the research that we've done on learning abilities as a function of age are really measuring this slight loss in speed of reaction time. It takes longer to receive the message, and it takes longer to respond to a paper and pencil test. When you add to this the nonsensical kinds of test that we ask older adults to do when we are carrying on our research, and the assumed lack of motivation to do so, and the ability to sometimes hear directions or to see or read the printed instructions, and the losses due to reaction speed in this kind of testing situation, no wonder the 72-year-old doesn't do quite as well as the 38-year-old, or the 40-year-old does not do quite as well as the 20-year-old. I think we should look at the other side and say that the 82-year-old does about as well, even under these artificial conditions, as the 20-year-old. When we take the time factor away, the pressure of getting things done in 27 minutes or how ever long the test is, then we find that the older testees do not only as well, but in many instances better than their younger counterparts.

Now the point of all this is that all of the physical losses that occur which may inhibit learning are not truly that important because they can either be corrected or they can be compensated for with the help of educational planners. We have talked about these things in your past days: more adequate attention to the seating arrangement so that people with hearing difficulties can hear, or group discussions rather than large lecture type situations, color contrast, larger print, and adequate lighting. All of these kinds of things are your responsiblity to make sure that none of these physical losses are detracting from the larger potential of learning ability of your clientele. So I would like to suggest a series of propositions to you which I think have many implications for your responsibility in designing better, more effective educational programs for adults of all ages.

The first proposition is that <u>learning in middle-age and older age today is exceedingly more important now than it was one, two, or three generations ago</u>. People feel this; they know this; and they do want to learn because of it. It will be even more important to go on learning throughout life in the generations ahead. Part of this is because of the discontinuity that exists between the past and the present, and the

future. Learning can no longer be viewed as a preparation for life, or for some future state of events. Learning is life—it has to be thought of in that sense.

You cannot now learn in younger life all you will need to know in order to live effectively during your middle and your older adulthood. What our children think they know today will probably be of very little importance to them in terms of what they will have to know tomorrow. The same thing applies to the 30-year-old, the 40-year-old, or the 50-year-old—what he thinks he knows now probably has little relevance to the things he will have to know 10, 15, or 20 years hence. So as learning becomes more synonymous with living, we have to start designing programs for all ages with this concept of learning—to learn should be a built in part of every educational activity that you program for any age group that you happen to be working with, whether it is Head-Start, Pre-School, Adolescent, Young Adult, Middle-Aged, or Older Adults.

It reminds me of the person who came in to see Dr. Schroeder one day who talked about enrolling in the university based program for an undergraduate degree. This girl was a 30-year-old mother of two children and working full time. She said, "It will take me ten years of going to evening college in order to get my college diploma." Dr. Schroeder looked up, and she said, "You know how old I'll be—40-years-old!" Dr. Schroeder replied, "Well how old will you be in ten years if you don't go to evening school?" She said, "Forty years old. How come the same?"

The point is that you are never too old to achieve whatever goals you might want to set as long as there is a probability for success or that they are realistic in terms of your capabilities, and more important, your motivation.

Proposition number two. <u>Happiness at any age is more akin or synonymous with learning than it is with anything else</u>. Now a lot of children in school will not agree with this statement, particularly the ones that are being pushed out, shoved out, and dropped out. I'll suggest it as a proposition nontheless.

Happiness itself is more like a process than it is a product. We might think of it as being a by-product which results from the way we travel through life. It relates to the goal setting, problem solving, creative behavior, and all other learning skills that are required for us to identify goals and move toward them. Now ideally, as we more effectively teach and help people to establish realistic goals and then design the

kind of learning opportunities required to achieve those goals, the goal vanishes just before it is attained and a more significant or a better goal comes into view. It's sort of a Sears Roebuck catalog effect. You know, how some of you have spent many hours, perhaps when you were youngsters, perhaps more recently, looking through the wish book saying, "Oh, if I could only have this or that or the other thing." You strive and you strive, and you save your pennies, and you finally get it, and you find that it wasn't much at all. It was moving toward the object, toward the goal that gave you the sense of accomplishment and satisfaction. The goal itself, the achievement of it, really wasn't all that important—it's moving toward it, striving toward it, that seems to be important. So I suggest that older adults need to have opportunities to establish for themselves meaningful, realistic goals that are within the realm of their accomplishments, and that Adult Education has an important role to play in this regard.

Another thing to keep in mind is that as far as the research is concerned, people who continue to grow and develop through continuous learning live longer. They are not only happier, but they live longer. So if you want to live to be 182, keep on learning. I'm not suggesting that learning causes long life; all I am suggesting is that the relationship is there. It does exist, and you can figure out what the causal factors are.

So you might want to promote your program sometime on the basis of, "Do you want to live longer? Enroll in Adult Education Program 402 on Creative Writing!"

My third proposition is that <u>affective learning is as important and, if not more important with age, than cognitive and skill learning</u>. Affective learning is as important, and probably more important than cognitive learning in the psychomotor bracket. By affective learning I mean to learn with love and affection and to discover new feelings about yourself and others and to receive deep and satisfying emotional experiences and to learn to cultivate a wide range of interests.

Now here is one of the great risks of adulthood. Because of the political and social system we have evolved for ourselves, we have evolved a system which requires us to restrict our interest during young adulthood to focus narrowly on occupational careers, our family responsibilities, and things of that sort at the expense of developing at that time in life a wider range of interests which can sustain us later on and become the more important and significant parts of our lives during older adulthood. Think about it for awhile. If you build your entire life around a few areas, whether the area

be that of your work career, your children, or your spouse, or whatever it is, and if you lose one or all of those few supports you feel like you have lost everything that makes life worthwhile. There are people all around us, from middle-age to old age who feel like they have lost everything because their entire life was consumed by two or three or sometimes one central purpose.

Take for instance the middle-aged mother with the "empty nest", where the last child has gone. She built her whole life around her children and has problems of loneliness, isolation, feelings of futility, and of not feeling needed and worthwhile. Also the business executive who has put his whole life into building the empire, or going to the top, wherever that is, and can afford to withdraw and retire. He goes to St. Petersburg, lives about three months, gets bored with fishing and dies.

So I think you have a responsibility in your adult education program, no matter what the program is, to help participants acquire some new interests, to explore some areas that they didn't pay to explore as part of the given program that they did pay for or are enrolling for in order to help them to discover new, meaningful areas of living. These may be new areas of scholarship, new areas of social competence, new areas of humanitarianism, new potential work careers, or what have you. I think every single adult education program has a responsibility to not stop with that prescribed program, but to use it as a vehicle for opening up some new doors, some new vision to the audience, wherever they might be.

Speaking of not putting all of your eggs into one basket, or not building your entire life on one pillar—how many of you heard of the middle-aged lady who lost her husband? He was an over-worked, harried college professor. She put on the tombstone, "The flame of my life has gone out." About a year later she met another professor who wasn't married and fell in love. She went to her pastor and said, "What should I do? Here I have inscribed on the tombstone of my dear, departed husband that the flame of my life has gone out." The pastor said, "Oh, don't worry about that, just inscribe a new line, 'I have just lit another match.'"

Proposition number four. <u>Much of what is taught and learned in college today is detrimental to learning in middle-age and older age</u>. It is bad for our health; it facilitates senility; it encourages dogmatism; and it utterly destroys creativity. Now that is a real, serious charge. I can probably lose my tenure for stating that as a member of a faculty of a college of education that is concerned with preparing teachers for the public schools.

If you'll reflect upon what you know of yourself as you grew up, what you know about your children, and what you think you know about the children of other people, look at those creative, anxious, curious, questioning youngsters coming into a pre-school, nursery program, kindergarten or first grade. When you look at them a couple of years later, some of it is gone. Go into the fourth grade and more is gone. By the eighth grade, between the home that doesn't have time to answer their questions or punishes them for asking, and the schools that have the same problems, children—being quite smart and adaptive—have learned not to want to learn too much. It is risky business, dangerous, and a no-no.

We teach people not to like to learn. I think we do it deliberately, perhaps not with malice, but we do it day after day in our homes and in our schools. You and I and most of those we know are products of those kinds of experiences. So we end up with a third to a half of our population who not only learn that they don't like school, but they have learned to equate schooling with education, and they don't like anything that has to do with education because there is a continuous series of failures until they finally get smart and drop out. Then we get them back into adult basic education, and we start doing the same thing over to them. We are telling ourselves that we are giving them their last chance and they better make it this time. We usually have people learning fractions on a blackboard in a group which is about as ridiculous as we had when they were in fifth grade. The reading levels run from grade one to eight, and maybe two kids in the class of fifth graders are at the fifth grade level, but everybody is in the same boat at the same place at the same time. Most of them are either bored to death, and the others that aren't have no idea what is going on. Then we wonder why we still have problems in Adult Education.

So I suggest that these are mainly problems that we all have a responsibility for resolving, whether we are in adult education or pre-adult education. We have to overcome the notion that the teacher knows all. You can't get away with this in adult education as well as you can in childhood education. When we are speaking of education for older adults, you are on even more risky grounds as a teacher, because age presumes to know it all, or have all the answers. Any of you know that have taught older adults that there is a lot more wisdom represented in that group than resides in the teacher.

Oftentimes we take the position that the school gives diplomas, and this is the end of it for you. You had education like you had the measles, and you won't get it again. Or we have given you a Ph.D. degree with the implications that that is the end of learning. Worst of all, this process instills in us the

attitude that education is terminal—that there is an end-point—if we can just get some degrees, we won't have to go to school anymore.

Take for another example sex education in high school or college. It is probably the best way that we have yet invented to ruin sex for all time. What do they teach? The physiology of the penus and the vagina and of the gonads and the hormone interaction. No one ever mentions the psychological and emotional components of heterosexual love. I never experienced that in college. My youngsters in high school have never experienced anything like that. All they have gotten is the mechanics of the physiology, and the important things were all taboo. So we have thousands of adults today frantically seeking out paperback cookbooks on how to be happy in marriage, or how to get out of it, or whatever.

Then look at the stuff that we are cramming down youngsters throats today—the ones that still stay in high school because they happen to be middle class. We teach them plane geometry, trigonometry, and all the other things that tend to put them in mental hospitals later on. I'm not saying that these subjects are not important; I don't want to convey that at all. All I am suggesting is that there are other aspects of life, like how to get along with yourself, how to communicate with others, how not to get ulcers. The things that truly become important to adults that are never thought of as part of the curriculum in childhood or adult education. I think that is wrong, and I think it is our responsibility to help make some of these changes.

Proposition number five: <u>Under our present practices in Adult Education, the rich are getting richer educationally, and the poor are staying poor</u>. This is in spite of the so-called massive efforts that we now have federally funded for adult literacy education. If you will take a look at what is happening in adult education, most of our resources go to programming education for those who already have the most education.

It is true that we do have more and more leisure time for more and more people. A great deal of this leisure time is being invested in lifelong learning and continuing education for the teacher, the physician, the nurse, the architect, and for you that are here right now. Your paychecks are going on. When we decided that we were going to pay poor people to go to school, people replied that that was socialism, and we couldn't do that. Every major corporate executive in the United States today spends a good portion, roughly a third of his time, in some kind of organized learning, problem-solving activities, which can be defined as adult education.

These learning events go on in high-rise university conference centers and the luxurious motels and hotels in the convention cities, and in the seminar rooms of the corporate offices, and so on.

I'm merely suggesting that if we take a look around us, we will find that the more highly educated keep spending more and more of their time becoming more highly educated—keeping themselves updated, growing, and living, hopefully, more meaningfully. On the other hand, we still have not come to grips with providing significant, meaningful, needed educational opportunities for the under education. One of my major areas of interest is the education of these lesser-advantaged, culturally unique, depressed groups of our society. When I look at the kind of programs that we have evolved—most of them on a crash, emergency basis with a temporary, shaky funding pattern, and no one knows next year if you'll be refunded to keep your staff, and I know all of the problems you have with public school and junior college administrators in this regard—sometimes I get to thinking that they are merely trying to pacify and hold things down. That they are just giving people enough to let them think that we are trying to do something for them; raising their hopes beyond realistic levels of attainment on the one hand, and giving them just enough to keep them from demanding what should be theirs in a free society on the other hand. I think we need to search our own souls and ask ourselves, "Is this help really helpful?" Are we making individuals more dependent than they were before, because of our programs? Or are we helping people to grow so that they truly can become more self-sustaining, self-directing, and more able and more capable to cope with their own problems, whatever these problems might be?

Proposition number six. Our schools and our Adult Education programs, and our social system, with their excessive emphasis on achievement and competition, which is usually defined as making money and accumulating goods, creates adults who are unwilling to take risks. They are afraid of failure, and by middle-age they have learned to resist change because they are afraid of it and resist learning itself.

That, too, is a serious accusation against education and against ourselves. I would like to relate that to my next proposition.

Proposition number seven. Fear of failure and acquired anxiety, or learned anxiety and stress, increasingly become barriers to growth and development in learning as we grow older. There is quite a bit of research accumulating on the effects of stress on learning performance. There is one thing we know—a little bit of competition for people who are not under a great deal of stress, or who are not overly anxious (there

are not very many of us left who fit that category anymore), a little bit of built-in competition and stress is kind of good for learning. It kind of helps get you sharpened up and ready to go like the athlete poised for the pistol shot when he is about to run the mile.

On the other hand, we know that for most people, an additional amount of stress, whether it is artificially or unintentionally introduced in the learning situation, severely reduces their ability to solve problems, to remember events, to recall information, or to perform other complex tasks. Research has been done on experimental subjects that range from paratroopers, older adults, first-night actors, and a variety of other groups.

For example, in one of the studies the research was trying to determine, what is the influence of anxiety and stress on learning poetry. The researcher rode along with the paratroopers in an airplane just before they were to be pushed out on their first practice jump. He would ask these paratroopers, "Would you memorize this poetry?" Well the guy would try to memorize a few lines and then recall it. As you might expect, no one could memorize anything because they knew ten minutes later they were going to be pushed out of that airplane.

They tried the same thing with Ph.D. students twenty minutes before they were going to defend their dissertation. Here it was learning a list of nonsense syllables, and trying to recall the list after so many tries. They couldn't even remember their names, let alone the list of nonsense syllables.

You've had it happen to you. You have gone into a testing situation where you felt it was very important to your life, your integrity was at stake, or you wouldn't pass through college, or you would be a failure in the eyes of someone, and you blanked out. You couldn't do anything at all with that which is the measure of your ability to do things.

The same phenomena is working all the time in all adults whenever they get into a learning situation. Anything that you can do to lower the anxiety level and take the stress out of it would be helpful. You know that even the word test is enough to put a lot of adults who remember what test was in school into a state of panic, and drive them away from your program, or at least cause them not to come back. So anything that you can do to reduce anxiety and tension and stress as a result of your learning program, and use that program to help older adults better cope with the tension producing situations that they already have, will certainly be to your credit and I know to theirs.

Proposition number eight relates to the changing perceptions of time as we become older. I'd like to suggest to you that time itself speeds up subjectively, psychologically, as you become older. One reason for this was alluded to by the speaker the other day when he tried to explain that there comes a point in most of our lives when we stop measuring time from when we were born and still have forever left. We start measuring time not from when we were born, but based on our prediction of how much time remains.

I merely wanted to point this out to suggest that this is a tremendous opportunity in educational programming to try to discover what new goals would be important, and what kind of assessments people in this age bracket are now taking that we can contribute to. Then as they do become older they will work out for themselves a set of more realistic, meaningful goals where their chances for attainment and success in continued meaningful growth can result.

Unfortunately, for most people it goes the other way. The girl of 39 who still doesn't have any children, if she isn't able to reevaluate herself and establish new kinds of goals, she is going to be more unhappy as the days go by. The same holds true for the person whose work role depends upon his physical skills, whether he is a professional athlete or a blue-collar worker. That is, in order to think well of yourself, you have to maintain your level of skill performance. Sooner or later with increasing age you are going to start getting negative feedback about yourself. If you can't shift over and establish some other goals which require, perhaps, more intellectual competence and less physical competence, you are going to be in trouble. This is because the older you get the more will be the negative feedback about yourself, until finally you feel as if you are completely incapable. So I think it is the responsibility of adult and continuing education to help people in their middle years to reassess themselves and establish more realistic goals which will sustain them and keep them growing and living more meaningfully.

Proposition number nine! Adult learning is not the same as learning among children or youths. There are a lot of differences between adults and children which account for the differences in the way they learn, in the way they want to learn, and what they want to learn; in fact, in what they must learn. For one thing, adults are more bound to their stereotypes than are children—that's a sophisticated way of saying that they are more set in their ways. They are more accustomed to seeing things through the colored glasses that they have developed for themselves through time.

Some of you are Democrats. You are more likely to be favorably

disposed to receiving information that is consistent with the party line or the ideals or the philosophy of that particular party; vice versa if you are a Republican.

This follows through with almost every attitude, belief, and set of values that an adult has. He's bound to them more. It is more difficult to set them aside for awhile and entertain some conflicting, opposing points of view.

This has a lot of implications for how you organize older adults for learning, particularly in areas where value change or attitudinal change are of concern; as they are more tied to their emotions and values. They are motivated by a greater variety of needs and problems than are younger people, and you better know what those problems are if you are going to have programs that will fit and meet their needs.

Learning for older adults involves more unlearning than learning itself. This relates to the points I have just made. You really have to unlearn the old before you are able to free yourself to accept and learn the new. In fact, most—and this isn't from me, this is from some of the ideas of Plato—the most rewarding and significant learning that can take place cannot take place until a person has lived for 50 years or more. Now think about that. If you are under 50, according to this quite famous philosopher, you are not old enough to learn what it's all about. What he is saying, or suggesting, is that until a person has lived enough life and experienced enough of its meaning—in terms of its peaks and its depths, joys and tragedies—he cannot really appreciate the more significant problems of man. He is not able to understand with any level of significant meaning the depth of human experience. He hasn't suffered the despair of losing one that he loved. He can't really appreciate some of the tragedies that show up in some of the greatest literature of the world. The literature that we ruin in high school by having the kids diagram the sentences of it. So if you are still under 50, have hope, your time for real serious learning is still ahead.

Proposition number ten: <u>The capacity to learn is one of the few capabilities or abilities we have that we can increase or which will increase if we will nourish it and cultivate it with age</u>. This is true only if we cultivate it and reward this ability.

By becoming more and more open and diversified in our interests and more willing to entertain new ways of looking at things about us and ourselves, by being continually involved in learning as a lifelong process, the ability to learn will increase, not decrease with age.

Finally, let me quote a colleague of mine, Dr. Wayne Schroeder, who says, "First, we must believe that we are never too old to learn, for such a belief represents a positive response to the demands of a rapidly changing world. Secondly, we can believe that we are never too old to learn, for an abundance of research finding support this belief. Finally, we must believe that we are never too old to learn if we are going to enter into these older age groups in an effective and constructive, self-satisfying way."

The goal, I think, that we all seek here together is that of a self-renewing society through self-renewing adults at all ages, and reality-centered learning versus artificially-contrived learning instead of a lot of make-believe activities and tradition-bound courses. We need to have new definitions of: What is education? What is the role of the school and the junior college? We need to have new definitions of worth and productivity if learning is to fulfill its function in this day and age.

So may be we should develop a slogan of the Five L's: Long Live Life Long Learning—and with it we will all live longer more meaningfully!

FINANCIAL SUPPORT AND PROVISION OF FACILITIES

Panel

Harold Kastner
Division of Community Colleges
State Department of Education

I picked up some figures about what happened to us in the community college system in Florida in the 1969-70 year. Out of the 252,500 different individuals enrolled in our community colleges in this last year, I am pleased to say that we had 60,666 in what we would term adult non-credit courses. We have a little bit of a confusing figure here in terms of the way these statistics are gathered. We also had 40,390 different students in non-credit terminal occupational type courses. Sometimes in my mind it is difficult to distinguish how we transfer from one area to the other when we speak of some of the occupational interests. Anyway this figure represented an outlay for the 60,000+ of 4.3 million dollars from the state funds. This does not include the various outlays made from other funds at the college level which reflects such things as fees and grants and things of that sort. What I want to say to you is that in this period we are talking about almost 61,000 people in this broad category and 4.3 million dollars, and we feel as if we are not doing anything. I am sure that in the discussion you had here you feel strongly about how inadequate the services are that are really covered.

One of the topics we are discussing today deals with facilities. Obviously we have a difficulty in identifying a cost factor for facilities, especially in the difference of direct and non-direct cost. As you know, the community is our campus. We hold a good number of our classes—the non-credit ones—in all sorts of places, sizes, and situations. They may be in church attics or the breakfast area of a store before work hours. How do we talk about our needs when we are able to use facilities as in a store? Incidentally, we are having difficulty right now as we relate this to our legislators, we talk about needs in the neighborhood of 12-20 million dollars a year of need for the next six years just to take care of our immediate demands in our community college system. I don't really know how to talk about figures to you since you are doing such an excellent job of finding the facilities for your programs to develop.

There is one thing that I know you have talked a little bit about that I would like to hit again. We have been talking

often enough with those who help to get us the funds and among the things we have are obligations to this older group in terms of a worthwhile and active life. Now I want to tell you that there are two committees this week—one in the Senate and one in the House—who are thinking very seriously about withdrawing all adult education funds from the budget for the State of Florida for everything except adult high school.

There are some people who feel as if we are in the "frill, fringe" area, and therefore, do not need the funds, and if we have these programs, they should be funded to support themselves. I think this is very serious. It affects not only just junior college programs; it affects all programs. Somehow we have not conveyed the message of necessity. I have made an appeal about what ought to be, and what is educationally sound, and not received the support I had hoped for. I have turned to some other thoughts which you seem to have admitted to yourselves—that we have nearly a million people of this age bracket in our state. They represent a sizable portion of the voting public. I have said for some time that one of our responsibilities in this area is the updating of the individual for responsible citizenship. I think in terms of the dynamic age in which we live in, that unless one continues to develop this type of background in voters, they could vote out the system they want out of ignorance, without fully understanding what they are doing. They could also very well offset a balance by the frustration they might feel about such programs as ours being cut-off. So I have tried recently to take a stand when given the opportunity that we do have an obligation here in terms of responsible citizenship, updating their knowledge to keep them abreast of the times.

One of the things I thought we should do is change the funding base and stop making certain courses, which I think have very valuable assets to the community, from having to be self-supporting. When we brought a team of experts in to listen to some of the people in one of these projects that I was involved in to give witness as to how valuable it was, all the way from social security, medical forms, how to deal with legal problems, and these various items never covered, we had a couple of ladies almost in tears asking how we could find funds to continue these courses. We had to say that we were sorry, but these programs have to be self-supporting. Now these people can't provide the money for these services. I am sure this is a story you have heard before. So the program was dropped.

Somehow it seems to me that we must strive to do better. We need to fill in this gap. It takes money and this is the point, when you have as now a 275 million dollar deficit, and the legislature is looking at places to cut corners, this is one of the areas where they are looking at first. So I don't want

to sound like an alarmist, but I think it is very important. I think that in our system we are trying to do the job we think ought to be done. I think we are doing it cooperatively. I know that we have had the accusation leveled at us recently about unnecessary duplications of programs. I think we have had some problems with this. If coordination of the resources were properly handled in the expansion of programs, I don't think we would have any problems with this. I have a feeling that there is so much to be done, that we probably don't have enough people to take care of all of it in the next ten years if we tried to. I do think that we can work at it and we can be just a little vulnerable when we talk to these groups.

James Fling, Supervisor
Adult and Veterans Education
State Department of Education

In our public school adult education program in Florida we do not have an age limit other than those who have legally left school. Sometimes that can be changed to a little lower than age 16 if the school board feels that the person should be in the adult program to better meet his needs. We start out almost from, let us say, 16 to the grave when it comes to serving people in public school adult education. We have some right now that are 14 years of age and older in the program. We have had one that was 106 years of age learning to read and write in one of our programs in South Florida.

As you recall, Commissioner Christian mentioned the other day the gentleman that was 85 years of age that had come back to school to learn bookkeeping because he wanted another job. So you see, we are fully in favor of education from almost the cradle to the grave and publically funded.

The fact is that the Commissioner's philosophy and commitment is education for all. He pointed this out the other morning when he talked to the group here. You have heard me say "Education for all." Now it gets to be a question of what is education, what is recreation, what is hobby, what is frill? You know that whenever money gets short in the state for state services, it is not unusual for the legislators to start looking at the adult education programs, both in the junior college and the public schools, because of a possibility of frills that we might be offering. I assure you that the programs that we are funding from state funds are, as near as we can determine, educationally sound and not of the frill type. I know that there are many requests that come to you for courses

such as hobbies and recreation that the older person would like to have and would like to enroll in. We are not against these courses at all. It is just a matter of priority on funding, and it's a matter of philosophy as to where the state funds should go. We don't have enough state funds to go around. Our basic commitment has to be in the field of education.

I remember seeing a fellow in a course that he was enrolled in that was financed by another foundation program. He had palsy, and he must have been 75 years of age. He was sketching with charcoal. Now this person was a happy and contented individual. With the instruction he was getting in the adult program he was doing a real fine job of sketching and developing his cultural appreciation and his well-being.

Talking about courses, we have a bulletin which is entitled "Adult Offerings". These are the offerings that can be funded under the new foundation program. It is a listing of courses that are eligible for minimum foundation program support. It covers areas, not only vocational, but adult general education. If you will go through the list, you will find anything from literacy, to music and art. The list also includes what is normally known as a standard high school curriculum as well as elementary offerings.

You mentioned elementary education for the older citizen or literacy education. As you know, nationally about 1/5 of our older people 65 years of age and older have less than a fifth grade education, while 2/3 of them have less than an eighth grade education. The man I mentioned of 106 was going back to learn to read and write. It was the first time that he could read letters or the newspaper. So we do have a responsibility there.

Each of these courses in this bulletin has a brief description, which we try to make broad enough so that it can give you flexibility in offering these courses on the local level with public funds. Here again course titles are required on a course outline. We have to have that in order to, wherever there is a question, determine whether it is educational or whether it is a hobby course. We are not against hobby courses; we are not against frill courses; we are just in a position where we cannot support them financially. Hopefully, you can do this on the local level. You will probably hear from some of our panel about this type of offering conducted on the local level.

Funding in adult education is the same as the K through 12 program; minimum foundation—this provides salary, current expenses, capital outlay, IEI (Educational Improvement Expense funds), etc. Our program is supported within the number of

units that we have available for the state. We also have some ABE funds, federal funds, that are eligible for counties to use to provide courses for the older person in the areas of elementary education, literacy education. More of our educational programs should deal with the basic affairs of life: keeping a roof over one's head, staying healthy, adjusting to handicaps, or remaining economically sound. I think in our list of course offerings you can find courses that would enable you to offer this type of instruction to the older person whom we are trying to serve here in Florida. You know we have about 15% of our people considered in the Senior Citizen age bracket. This is a lot of people when you figure that there are 6-6½ million people in Florida. So you have a big target group within the Senior Citizen age limit.

Let's get to facilities a little bit. Fortunately, public schools are available for courses for the aging population. Community centers are also avaliable. In fact, use your own imagination and ability to locate centers near the people you are trying to serve. It has been mentioned that churches make good centers; also libraries, trailor parks, condominiums, and housing developments. There is no limit as to the facilities that are available to the local director in providing programs for the aging population.

Some of the things that you really need to think about is the need for parking; the need for transportation for these people; the need for a minimum number of stairsteps they have to travel to get to the program. This is a group where many are crippled or have difficulty getting around. The program should be on the first floor or the ground floor if at all possible, and it should be well-lighted.

Another area that I might mention briefly is the community school. As you know, it has not been fully funded by the legislature, so funds have been furnished this year to support one-half of the salary for each community school coordinator. I would suggest if you have any in your county that you get involved with these schools, because what they can do in the way of offering courses is almost unlimited. The reason I mention community schools right now is that this is cradle to the grave too. They can go from pre-school to any age in the community school concept.

Mrs. Myrtle Burnett, Director
Volunteer Services of
Port Charlotte Cultural Center

Port Charlotte Cultural Center, as it is called now, is a private corporation. It was started by General Development Corporation which came down here to build a city. You who live in Florida are familiar with these development corporations coming in and trying to set up a city in an area where there is just absolutely nothing previously. They wanted to start adult education classes and use them as gimmics to attract people who, perhaps, got tired of playing golf.

Now the classes did pretty well and this gave General Development another idea—that they would have a graduation. They got in touch with Life Magazine and had them come to take pictures of this graduating class—all of these 75 and 80 year old people with their gowns and robes. Life Magazine took the pictures, and it went across the United States, and I imagine in other parts of the world where General Development had their sales offices.

However, General Development soon became tired of handling this group of old people, so they decided to give it up. But the group there who thought that it was a great thing picked up the idea and went over to Miami to see Mr. Kellstadt, who was President of General Development, to see if we could carry on the program ourselves, which we did. They said we could go ahead with it although they would give us no financial support. We returned to Port Charlotte and continued the classes in a store. We decided though that to go on with this we would have to do it in a businesslike manner, so we decided to form a non-profit organization. We went into the community and tried to find some of the finest people we could—people who had an interest in the things we were doing, an interest in the older people in the community, and people who could also be of help to us. We got the superintendent of schools to be on our Board of Trustees; two lawyers, one of whom had been a legislator; the presidents of both banks in the community; the newspaper editor; and the head librarian, from the county library system. So you see we had the cream of the crop. Then we went to work.

We were still using a very small space, but there had been an office building go up and all of the offices weren't being used, so we went over there, still paying our own way. We realized again though that we were growing like topsy and that we had to have an even larger place, so we took a big leap. We contacted a firm of architects in town and asked them if they would be willing to go along with us with the idea of

designing a building. We had an idea of what we wanted and felt that if they would draw up the plans, maybe even roughly, and if we did build the building, they would get paid; if we didn't, they would not get paid. They went along with the idea.

Now how were we going to raise the funds for such an undertaking? We set up one of our rooms and got hold of volunteers to address envelopes. We started writing to special people like the bank presidents, lawyers, doctors, and people we thought would be interested in our program to see if they would contribute something. We decided not to have a house-to house campaign, but we did set up a brochure with a proposal of what we planned to do, which we did send to practically everybody in the community. Now out of this we finally did get about $125,000, which is quite a sum.

Someone had told us that foundations were good places to get money. We picked out foundations like Ford and Rockefeller and so forth. You might be interested to know that it was no good. We got $100 from one foundation, and we may have gotten another $100 from another foundation, but I don't remember it. So this was not such a good idea.

Also, we had a Federal Grant of $82,000 offered to us for a new library. Of course, there would have to be matching funds. We wanted to incorporate the library into our complex, and so we had this $82,000 to go on. After we got some of the money we went back to General Development and asked them if they would be willing to do something for us. They would not give us any money, but they did donate the land, which they valued at $100,000 for five acres. Of course, as many of you know who are in Florida, they probably bought it for about $4 an acre.

We also got racetrack funds. I don't know if any of you know about the racetrack funds and how they are available to your community. We had a very unique thing happen at this time. As I said, we had a lawyer on our Board who had been a legislator, and he helped us get hold of racetrack funds in the amount of $375,000. That really gave us a boost so we could go along with our building. We immediately put a sign out on the property saying that we were going to go ahead, and this brought in more money.

Now in our sessions this week, many people have asked us, "How can you get people to attend your classes?" One of the things that we do is to have an open house at the beginning of every school term. We have three or four terms now, so the school is going through the whole year. I imagine that you could even do this in a junior college, a high school, or perhaps in

a condominium, or wherever you are going to set up classes. Have an open house, and have your teachers present showing the books they are going to use, or perhaps a film, or their equipment, like the astronomy class or the archaeology class, and so forth. We also take registration at this time. The teachers take the registrations. The office is open. Our coffee shop is open so people can get refreshments. We used to have this on just a Sunday afternoon, but now we have it Saturday and Sunday both. Just thousands of people come through and register and become interested in the whole program.

We never had the school board interested in our program. Now at this time the Superintendent of Schools became appointed instead of elected. We had a first run man come to the community, and we put him on our Board of Trustees right away. He was very much interested in Adult Education and began to get the School Board involved in our program. Out of this came two organizations. Now we have the Adult Education Association of Charlotte County, which is a non-profit, and we have a Senior Services of Charlotte County, Inc., which takes care of our theater and the volunteers and the different programs going out that would not come under the Adult Education.

I'd like to go back a minute to what Dr. Christian said in his opening speech. He said that in Pinellas County a school bond issue had never failed; it had always passed. Now the public schools after Dr. Adams came in were in pretty bad shape, and he felt that we needed new schools and new programs. He wanted to put forth a bond issue so that we could go into these programs. Now Charlotte County has a lot of older people, and they would have to be convinced that this was necessary. They were not convinced, and the bond issue failed. However, after the School Board came into the program and began offering these classes, the older citizens could see that the Board was interested in them. The next time a school bond issue came up for election it was passed overwhelmingly.

Now in the new building that we had we included a library. We now have over 15,000 volumes with many fine records. We have a theater which seats over 400 people. This is a new concept with the theater being as wide as it is deep. The acoustics are wonderful. The whole building has ramps with very few steps. Now that we need more space, people have said that we should build a second floor. Well we have no intentions of going to a second floor with older people. We plan to keep everything on the first floor.

Then we have classrooms for all kinds of programs including ceramics, and such things. We have a gift shop, and we planned this gift shop so that things made in the shop—the woodworking, the ceramics, the contoured glass, and the decoupage—

could be brought into the gift shop and sold on a percentage basis. This provided these people with an income if they want it. We also have a music room which is very comfortable; carpeted with easy chairs. We have a very fine high-fi in there. We have a room with an organ where people take organ lessons. We have over 125 classes going with over 2,000 people going through. In the theater we have many free programs. We try to have as many free things as we can. However, we do have the travel series which goes through in the winter. That is booked up almost a year in advance. Our Little Theater group, University Club, and the Friends of the Library all meet in here. We have free movies two or three times a week. So you can see that we are trying to do everything we possibly can for these citizens at a minimum amount of money.

Here we were again needing more space. We tried to raise some more money—$75,000—which we did from the community. I thought perhaps if we could get some of these people, both men and women, involved in working with their hands, perhaps doing baking or making aprons, we could have a little fair, which was something that had never been done in our community before. I called a few people and asked if they would be willing to head up a committee for aprons, candy or bake goods. They said they would, and I thought we could make about two or three hundred dollars. We made $5,000 in one year. We have had two bazaars since then, and our volunteers have made over $30,000 in the last 2½ years. So you can see what volunteers can do if they are interested in your program.

We also now need a new building. We are talking about a second chance for a career. We have a nurses aide course which is very popular, and we run that over and over. Men and women both take this, and they are hired immediately in the nursing homes or the hospital in the community. We have had some of the young men so interested that they have gone on to Edison Junior College while working in the hospital.

In this new lounge we will have a kitchen which you might be interested in. We tried to get a grant of about $30,000 for the equipment and to start running this kitchen. The idea is to set it up as a class for people to come and learn how to cook and serve and go out into the hotels, the motels or the hospitals. Something like this is really needed. We haven't been able to get the grant, but we intend to go ahead with our building and raise the extra $30,000 and start this kind of a class.

Now theoretically, after this food is prepared it would be tossed out. We then had the idea that we would bring in some lonely people to eat this food at least once a day. Now they don't have to be poor or anything of that sort. We are really

quite interested in lonely people. We have a lot of this. We feel that it is one of the greatest problems of older people. It causes mental illness and other physical illnesses that you have heard about from many of the speakers. We plan to bring them in or have them come in and have this good, well-prepared, balanced meal at least once a day. Then, too, we will have a captive audience. We will keep them there and have them participate either in the theater program or in the lounge. We plan to have a lounge where they can play cards and so forth. We will have a meeting room in the new complex. We will also have a room for our 700 volunteer workers. They are a vital part of our programs.

It is very exciting, and I hope that if we do have an Institute next year in Tampa, there can be a bus tour down to Port Charlotte to show you what we have done.

Chalmers Murray, Director
Adult Education
Broward County

I come from a part of Florida that is presently going through many of the changes that I am sure are taking place in your communities. I liked your recognition of several of the psychological characteristics of adults. The characteristics of thoughtlessness; the feeling of no power to control their own lives, their own destiny, or their own community; the social isolation apart from their total community.

With this in mind I think we are going to find that the educated community is one of the answers to this. By this I mean that no longer can any one agency—whether it is a community college, an adult center, a privately sponsored organization, or a state or national agency—accomplish everything alone. Perimetal leadership in helping meet the needs of this clientele, I think, is a thing of the past. I think that public schools, K through 12, alone will never have enough financial resources to accomplish everything. I think that each one of us here has a moral obligation to be a facilitator, a catalyst, a clearinghouse directing (and I don't mean it in terms of controlling), but I mean coordinating the community resources which exist. If they don't exist, sometimes you can develop them. Some of our best work with the clientele we are concerned with today has been done literally outside of the educational establishment. The Title V Work-Study Programs were riding on the coattails of other projects in which we had a contribution that could be made, and it was recognized. The

work that is being done in second careers for these people such as foster grandparents—there is an educational component in that program that adult education can serve.

Knowing this, the problem becomes one, as I think it is titled here, "Financial Support and Provision of Facilities." As rapidly as times are changing now, adult education is getting some spin-off pluses. In my county which is presently building 50 new schools, we had the happy fortune of having three surplus school centers at the close of last year. They are not fancy. They are not the newest, but they are a facility with sqare footage available and a challenge to a person's ability to marshall community forces to utilize them. In June of last year we acquired three surplus elementary schools. They have no equipment, no administrative staff to support them, but we pay the light bill—this was about the size of it. They felt they were giving us white elephants, and many of us wondered if this white elephant was really worth it.

This will happen in your communities as urbanization takes place and there is an outward migration, there will be a surplus of public school facilities. I urge that you get rid of the word school and create an adult center; create what ever you want to call it, but get away from the term "school" for this clientele. I say this because my county has more people over 65 than we have in the K through 12 public education program. We have approximately 140,000 who are 65 and older. Our market just isn't recognized, and I think that to some extent I'm guilty, we're guilty, in not bringing this to the public's attention, to the school's attention, and to the community agency's attention.

One of the ways of bringing your interest, your commitment, and your capacities to your total community is quite largely through a community service council. If you don't have one, you can be the spark-plug. It is not an administrative body; it is a clearinghouse composed of all persons who have common commitments to the service and to the support of all the community, focusing especially on adults.

(Note: Regrettably the rest of Mr. Murray's talk did not get taped.)

RESOURCE DOCUMENTS

The following items were either included in packets or were distributed during the Institute:

1. "Retirees Assist in Developing Programs for Educational Enrichment," by Harry M. Bradley and Leland R. Cooper, (Adult Leadership, March, 1969).

2. "Aging—Middle Age: Best Years of Your Life?" (Newsweek, February 19, 1968).

3. "Institutions of Higher Education as a Resource For A Statewide Continuing Education Program in Gerontology," by Robert P. Wray, (Adult Leadership, November, 1970).

4. "Some Issues Concerning Education for the Aging"

5. "Suggested Educational Activities for Older Citizens"

6. "Survey of Community—Senior Citizen Information and Needs," by Michael Cochran and group

The last three of these items are reproduced below.

SOME ISSUES CONCERNING EDUCATION FOR THE AGING

1. To what extent should we encourage older persons to attend classes and other educational activities? They have spent a large part of their lifetimes subject to the confining routines of work and community activities. Perhaps now they should be allowed to just relax and enjoy life. They may be like the old lady attending a conference on aging who said she didn't want to be taught games or square dancing. She just wanted a small place of her own where she could cook a light meal and brew a cup of tea and then be left alone.

2. Should older persons be charged a fee for attending educational activities? Many of those who seem to need it most can ill afford to pay. However, many retired persons are adequately provided for and a modest fee would present no hardship to them. Is there any reliable evidence that paying a small fee makes participants value a program more or makes them more persistent in attendance? What principle or principles should guide administators when they decide on fee charges?

3. To what extent should older persons themselves be used as teaching and administrative resources in educational programs for the aging? It is often pointed out that the educated and skilled among the retired persons represent a vast reservoir of talent which is in danger of being wasted. On the other hand, experience indicates that there is a certain degree of unreliability in volunteer help since they do not have the same sense of reponsibility that paid professionals do.

4. Should older people be segregated in special groups for educational purposes? Some program planners say that older persons prefer to be by themselves. Others say this is because only so can they escape the biases and stereotypes associated with age. To what extent do older people fear the noise, bustle, and competition when placed in classes with younger students? Are there some activities where it would be better for those of all ages if the groups were mixed?

5. What is the role of counseling in the planning of educational programs for older persons? Do older persons know what they want and need or should we help them expand their mental horizons and so move toward greater self-realization? Is there a relationship between educational and general counseling? What skills and knowledge should a person have who does educational counseling of older people?

6. What should be included in the term "education" when we are planning for older persons? Are oldsters interested at all in formal classes or just in discussion type of activities? Is past 65 too late to learn a language? Arts and crafts belong, but what about bridge and square dancing? Is this getting into the area of recreation or doesn't it make any difference? What are the boundaries?

7. How can older people be categorized in ways that would be helpful to program planners? Thinking of them in the mass is not productive, since they vary so widely in age, interests, education and health. If certain typologies of older persons could be established, each of these could be looked at in terms of needs, capacities, and interests. This device should simplify the job and improve the effectiveness of the program planners, and hence bring more satisfaction to the participant.

8. How can educational programs be arranged so as to have older persons become engaged or keep engaged in the social and political life of their communities? Tendencies toward withdrawal and disengagement can lead to loneliness in the individual and extreme conservatism in the group. What can education do to help older people make their maximum contribution to society as a group, and perhaps in so doing, stave off their own mental and physical deterioration?

9. What can education do to help the older person close out his last years with a sense of fulfillment and completion? Most people in their younger and middle years have certain climactic experiences which give verve and a sense of accomplishment to life. They are married and have children, they are promoted on the job, they take trips, their children are born, go to college, get married, and bring them grandchildren. After these exciting experiences what can education do to provide, on a reduced scale perhaps, some substitute satisfactions which will give the older person a continuing sense of worth, and even pleasure, clear to the end of his existence?

INSTITUTE ON DEVELOPING EDUCATIONAL PROGRAMS

FOR OLDER PERSONS

Florida State University
Tallahassee, Florida
March 14-19, 1971

LIST OF SUGGESTED EDUCATIONAL ACTIVITIES

FOR OLDER CITIZENS

ART

Collages
Drawing
Painting
Sculpture
Water Color

What Else?

_____
_____
_____

ARTS, CRAFTS, HOBBIES

Coin Collections
Stamp Collections
Contract Bridge
Fix-It Shop
Leather Working
Silver Working
Wood Working
Antique Collecting
Christmas Workshops
Shell Craft
Ceramics
Photography

What Else?

_____
_____
_____

CULTURAL ENRICHMENT

World Affairs
Great Religions of the World
Great Books Program
Spirit of Greek Literature
Shakespeare's Plays
Drama Group
Creative Drama
Effective Speech
Lecture Series
Creative Writing
Foreign Languages
Great Decisions
Introduction to Philosophy
Advanced Philosophy
Introduction to Psychology
Advanced Psychology
Florida History
Travelogue Presentations
Trips to Historical Places

What Else?

_____
_____
_____

FINANCIAL SECURITY

Financial Planning (Retirement)
Money Managing
Avoiding Quacks and Fraud

What Else?

_____
_____

GARDENING

Vegetable Gardening
Mini-Gardening
Rose Culture
Lawn Care
Proper Selection of Pesticides and Fertilizers

What Else?

_____
_____
_____

MUSIC

Choral Singing
Music Theory
Music Appreciation
Music Series
Learning to Play Musical Instruments

What Else?

_____
_____
_____

HEALTH AND MEDICAL PROGRAMS

Medicare Programs
Welfare Programs
Your Heart and You
Visiting Nurse Services
Private Sources of Health Care
Public Clinics
Hospitalization Programs
Learning about Social Security

What Else?

_____
_____
_____

PHYSICAL CONDITIONING & SPORTS

Physical Fitness
Weight Watchers Class
Archery
Table Tennis
Swimming
Shuffle Board
Croquette
Golf
Fishing
Bowling
Square Dancing
Modern Dancing

What Else?

_____
_____
_____

HOME ARTS

Canning Techniques
How to Cook for One or Two
Home Furnishing
Flower Arranging
Wardrobe Planning
Fashion and Fabric Shows

What Else?

_____
_____
_____

PRACTICAL PROBLEMS

Training in Group Leadership
New Roles for the Family
Law for the Layman
Small Business Operation
Employment Consultation Service
Job Interview Techniques
Car and House Maintenance
Consumer Problems
Lipreading
Defensive Driving

What Else?

_____
_____
_____

TRAINING FOR COMMUNITY SERIVCE

Foster Grandparents
Crossing Guards for Schools
Teacher Aides
Library Aides
Vista
Peace Corps
Night Watchman

What Else?

_____
_____
_____

SEWING

Crocheting
Embroidery
Crewel Embroidery
Knitting
Needlepoint
Rug Hooking

What Else?

_____
_____
_____

SURVEY OF COMMUNITY—SENIOR CITIZEN INFORMATION & NEEDS

In the interest of providing Senior Citizens in our area with needed services, your cooperation in completing and returning the following information is requested. The information will be used to develop services and programs which will help you (1) plan for retirement, (2) adjust to your retirement, and (3) learn how retirement can be more enjoyable and productive.

Your name_____Spouse_____

Address_____Zip_____

Phone number_____

Your profession/vocation_____Spouse's_____

Check age level for yourself:		Spouse:
	__under 50	__under 50
	__between 50-60	__between 50-60
	__between 60-65	__between 60-65
	__over 65	__over 65
Age of parents:	__Father	__Father
	__Mother	__Mother

Check all items which apply to:

Yourself	Spouse	
_____	_____	Retirement was well planned for in advance
_____	_____	No thought or planning for retirement has been considered.
_____	_____	Now seriously planning for retirement
_____	_____	Would be interested in receiving information which will help in this kind of planning

_____ _____ Interested in receiving information to help a close relative plan for retirement

_____ _____ Already retired

_____ _____ Retirement age—still working full-time

_____ _____ Retirement age—working part-time

_____ _____ Planning to retire within five years

_____ _____ Retirement income from Social Security

_____ _____ Retirement income from pension plan

_____ _____ Retirement income is not adequate

_____ _____ Total income is less than $1500 per year

_____ _____ Total income is less than $3000 per year

_____ _____ Not now employed but interested in securing a part-time or full-time job as:

As many positions as possible for utilizing retirees could be listed here, e.g. teacher-aide.

_____

_____

_____

Please give the following information about your spouses and your own physical condition.

_____ _____ Able to go outdoors

_____ _____ Able to walk up and down stairs

_____ _____ Able to go all around the house

_____ _____ Able to wash and bathe self

_____ _____ Able to clip own toe nails

_____ _____ Able to drive automobile

Please check below the services which you would like to see (institutions or organizations) provide assistance in securing for Senior Citizens:

_____	Employment	_____	Speakers
_____	Transportation	_____	Legal information
_____	Financial Aid Info	_____	Housing information
_____	Medical, Nursing and health care	_____	Disaster information
_____	Educational programs	_____	Recreation/Leisure time activities
_____	Other_____		

Your current hobbies and pastimes:

Yours	Spouse
_____	_____
_____	_____
_____	_____
_____	_____

Which of these specific programs would you like to attend if made available to you:

Forum series relative to:

_____ Nutritional needs of the retiree

_____ Mental health and spiritual well being

_____ What to do with yourself and your new leisure

_____ Diseases—Sight and hearing problems

_____ Circulatory and respiratory problems

_____ Other_____

Short ccurses involving:

_____ Planning for retirement—What to expect when you retire

_____ Understanding Income tax after retirement

_____ Understanding Social Security benefits

_____ Other_____

Yourself	Spouse	
_____	_____	Would like to participate in above activities only as a member of the audience
_____	_____	Would like to be involved as a consultant, lecturer, panelist and/or instructor

List your areas of knowledge and your skills which you would like to share with others:

_____

_____

_____

_____

Thank you for your cooperation and consideration in completing this survey. One final request, please return your completed survey in the addressed and stamped envelope which is enclosed as soon as possible.

Note: Dr. Pauline Calloway, Associate Professor, Cooperative Extension Service, University of Florida, Gainesville, presented several members with copies of a survey report on the needs of Senior Citizens in Broward County. Upon request she will send you a copy of the report or of the questionnaire form used.

REPORTS FROM DISCUSSION GROUPS

REPORT FROM GROUP A

PART I

HOW TO BEGIN A PROGRAM FOR AND WITH THE AGING IN A COMMUNITY

1. Locate and identify the clientele group in the geographic area where the program is to be held.

2. Gather a steering and advisory committee, including members of the clientele group, to:

   a. Identify the needs of the clientele group.

   b. Plan ways of meeting these needs.

3. The steering and advisory committee may be subdivided as follows:

   a. Subcommittee for special subject areas not yet done.

   b. Subcommittee for special subject areas that are available in one locale, but need to be begun in new locales.

4. Tasks of the subcommittees:

   a. Cataloging of existing facilities and human and agency resources.

   b. Use those groups and agencies serving one group in the community to expand and serve other groups or other localities, including the Aging — Asking them how they wish to be involved.

5. Subcommittee chairman reports to committee chairman who presents request to appropriate authorities for financial and program authorization and approval. (An educational institute should have a council on Aging, with membership from many appropriate curriculum departments).

6. If staff is needed, get it. If possible, a minimum goal is a full-time director for programs for the Aging. If a retired person fills this position (age 45 - 60), it may take as little as $1500 in the budget. The director preferably should be an older person, who is able to gain rapport with other older persons.

7. Set date and place for the program to begin in the appropriate facilities.

8. Public Relations - Radio, TV, newspaper publicity to recruit students.

9. As the program is functioning, enthusiastic students go out to recruit others.

PART II

HOW TO GET A NEW PROGRAM FUNDED

1. Look up directories of federal agencies and foundations and state resources — including in the survey also local community agencies such as service clubs, who may give in kind, matching, partial or full financial support to certain kinds of programs.

2. Once all the agencies who could give financial support are identified, telephone the person in charge of the funds to get the latest specific information on the funds and guidelines for their disposition. It is important to have personal contact with the right persons and the latest deadline.

3. Cooperation and coordination of programming to reach varied clientele groups in varied locations is to be desired so that, if possible, a joint request for funds may be made by several or all agencies in the local community that have education programs for adults.

4. After proposal has been submitted:

   a. If accepted and funded — keep full documentation to justify the project for refunding and renewal at the end of the time period.

   b. If rejected, try to find out the precise reason why, and:

      (1). If possible, rephrase, reword, resubmit to same or alternate funding agencies.

      (2). Seek out those who were granted funds and ask why they think they were awarded funds, according to written as well as unwritten guidelines.

(3). If no funds are available from outside the local community, seek out local sources for total funding, including voluntary agencies, United Fund, etc., or by selling crafts or nursery products, etc.

GROUP MEMBERS

Dr. Arthur Burrichter
Dr. John Gaus
J. W. Kandzer
Mike Cochran
J. Griffen Greene
E. John Saare
Mrs. Myrtle Burnett
David Johnson
George Riley
Charles Palmour

REPORT FROM GROUP B

PROMOTING EDUCATION FOR FLORIDA'S OLDER CITIZENS

1. Our own agencies (universities, community colleges, public schools) should get together to define the extent of various agencies' responsibilities. An inter-agency council should be formed.

2. The instruction of counselors at universities should include training in Adult Vocational Counseling, and so forth, so that they may understand the structure of the business world into which they are sending people.

3. It is recommended that all senior club members or welfare applicants be educated in the importance, power and need of their right to vote.

4. That our goals for older people should be emphasized as being those of society as a whole and therefore should be made national goals.

5. It is recommended that a project such as "Experience Unlimited" be explored and promoted in other state areas. This program includes:

   a. Pre-interview training

   b. Finding available jobs

   c. Personal counseling on health, grooming, etc.

   d. Caring for fringe benefits

6. Pre-Retirement Education Programs for retirees given by employers for people about to be retired should be promoted.

"Aging is when it takes you longer to rest than it does to get tired." Dr. Neil Coppinger

(Note: The first paragraph of this report has been deleted, as it contained material that would be unclear to anyone not a member of the group during the Institute. The Editors)

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REPORT FROM GROUP C

Group C formulated the statement, "Mental and Physical Inactivity is one Contributor to Aging." After formulating this premise, we composed a list of 11 factors which we felt contribute to one's mental and physical inactivity. We present these factors along with a brief definition of what we felt they meant and then follow this list with some proposed solutions.

Assuming the stated premise, the following observation might be made concerning over-all effects of financial and economic status as they effect the older persons. Three ways in which the over-all financial and economic status of older citizens influences learning in the physical domain exist in the area of physical gratification. By physical gratification we mean the satisfaction of hunger, health, and general over-all comfort (e.g., clothes and shelter).

In factor number one, the psychological domain, financial and economic sufferings afford the older person the freedom to sell-out companionship, personal security, and a good self-concept. These can be related to nice clothes, a nice home, and enough money to be mobile and seek out needed companionship.

Factor number two, preconceived notions about retirement, influences learning by means of the psychological domain. Positive factors might include such concepts as "retirement is a time to participate and learn new things that a working person would not have time for." "This is the time in which, I, as a retired person, can help others learn through and by my life's experiences." Negative factors might include such concepts as "I, as a retired person, have worked out my good years." "My role is now to just step into the background and vegetate." "I will not have to do anything as long as others just leave me alone."

The next factor is lack of an avocational hobby or interest. If a person does not have a productive hobby in the areas of physical and mental skills, he will soon become disenchanted and withdrawn. We advocate hobbies which, though they may be time-consuming, will be both self-satisfying and produce self-contentment.

Factor number four, medical concerns, was defined by our group as imaginary illness, existing disorders, and chronic ailments. Recall for a moment the presentation given by Dr.

Thigpen on Tuesday. Recall what he said about the inactive 53-year old who has plenty of time on his hands to conjure up illness or to magnify existing ones out of proportion so that he was psychologically older than he really was. What we are saying is that inactive, aging retirees tend to spend a much larger proportion of their meager income and retirement time on medical needs which might go unnoticed if they were more actively involved. Too, disorders that are usually not problems when the person is actively involved can become serious problems when the aging have time in which to dwell upon themselves.

Factor number five, recreation, is of common knowledge to you, so we will not take up any time in a discussion of it.

Lack of transportation, factor number six, has been a common topic of discussion and concern whenever the problems of the aged are enumerated. Many factors cause the older person to be either without an automobile or services thereof:

1. Public transportation is not available in small communities.
2. If the community has cab service it is often too prohibitive in cost for retired persons.
3. In most cases, the husband is the driver and the wife is the passenger, and when he dies the car is usually left without a qualified driver.
4. Physical restrictions such as loss of hearing, sight, etc., restrict the older person's driving license.

Factor number seven, lack of personal care, covers such things as lack of knowledge about:

1. Where to get reasonable medical and dental care.
2. How to change body habits to accomodate physical changes.
3. Modifying clothing for the same cause as in #2.
4. New ways of grooming (use of make-up, wigs, etc.)
5. Adequate nutrition intake.
6. Ability to care for home environment due to changes in physical capabilities.

Number eight, public apathy, is not uncommon, nor is it foreign to us. A lot of people, probably the majority, either do not care about older citizens or do not feel that they themselves will grow old any time soon. Even if they do grow old, they feel as though they are smart enough and creative enough to care for themselves.

Parallelling public apathy is family apathy, number nine. It may be caused by:

1. Lack of knowledge among family members who don't know the real effects of aging.
2. Inability to adjust to changing family relationships.
3. Inadequate provision for needed changes in living environment.
4. Thoughtlessness as to personal worth of older individuals.

Factor number ten, ignorance of educational opportunities, is defined as the unawareness of available activities, both educational and civic, in the community and lack of community awareness of the problem of inactivity as a contributor to the aging process.

Lastly, sociological factors, (eleven), were identified as causative factors of two variables:

1. The segregation of retirees into communities whose inhabitants are all aging. This is done in three manners:

   a. By choice b. By chance c. By force

2. The problem of identity where the retiree sees himself as stripped of function, status, and responsibility.

POSSIBLE SOLUTIONS

We as a group feel that if some sort of local advisory council were formed for the purpose of keeping an up-to-date filing system of the elderly, we would be on the road to helping these people. This file would be used for referring people to proper agencies, public or private, if help is needed for the aging individual. This council could serve as a "hot-line" for all elderly people who might have some urgent and pressing need. This council could be a reference center, voluntarily operated to provide services within the community.

Added to this clearing house for community services with its "hot-line" and advisory council is the proposed wider and expanded comprehensive continuing education program by various educational agencies.

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REPORT FROM GROUP D

GUIDELINES FOR WORKING WITH OLDER PERSONS

The need for identification within the area of aid for the aged becomes implicit when attention is directed to numerous past efforts which are best characterized as a waste of time, money, and energy.

This committee feels that by spelling out relationships with specific individuals, agencies, and certain conditions a more meaningful end can be attained in this regard. Consequently, we have listed several broad areas which we feel will provide the essential guidelines to adequately delineate the projected involvement as well as simultaneously attain hoped for goals as they relate to assisting the aged.

Primarily, we must consider:

1. The People With Whom We Work (Target Population). Certain characteristics help to identify this group. The Age Range of these people is important only with respect to the effect that chronological age has on their ability to function satisfactorily. Their Income Range indicates whether or not they are capable of sustaining themselves adequately. Concern about Sex relates to outlook, attitude, and emotions. Information about the Educational Status of this group of people is helpful in deciding future activities for re-employment or enrichment of a cultural nature. The Marital Status of the senior citizen reveals whether or not there is loneliness or companionship confronting the individual with whom we work. We must be aware of the Functional Status of each elderly person, for indications of mental or physical problems are important. Finally, in considering these people with whom we work, we would want information about their locale; whether they are urbanites or rural dwellers. Mobility and accessibility are often critical factors.

2. Our next major category is to identify Resources. All too frequently, conscientious attempts to assist the elderly end in frustration because of no knowledge of resources or improper use of the ones which are available. The aid forthcoming from such Service Organizations as Lions, Kiwanis, Civitans, Rotary, etc., should be catalogued as well as Public Welfare, Red Cross, Health Services, Goodwill Industries. Workers should acquaint themselves with Special Services, like special banking privileges for the elderly, reduced admission policies to entertainment facilities, special transportation rates on public conveyances, and shuttle provisions to medical centers.

The help obtainable from Private Agencies like the Protestant Bureau, Jewish Service Bureau, Catholic Charities, The Salvation Army, and the Volunteers of America should be known. A listing of Recreation Facilities like parks, beaches, clubs, theaters, etc. provides likely barriers to boredom.

One cannot underestimate the importance of listing Key Community Personnel like religious leaders, doctors, dentists, andnnurses, social workers, volunteer technicians, and journeymen.

3. The area of Public Relations is major in scope and demands specific identification. Improperly handled public relations spell disaster for a proposal. On the other hand, a well planned and properly directed program projects the possibility and probability of success. News about the plan should be widely dispersed through the media and by word of mouth. Generating overall interest and concern is an indispensible necessity. Details relating to fees, funding, management, and/or operations should be available to authorized inquirers. An air of openness with respect to operating techniques will invite goodwill.

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INSTITUTE ON DEVELOPING EDUCATIONAL PROGRAMS

FOR OLDER PERSONS

Florida State University, Tallahassee Florida

Driftwood Motel, March 14-19, 1971

INSTITUTE EVALUATION FORM

Please help us to evaluate the Institute. No need to sign your name.

1. Do you feel that the Institute's invitation was sent:

____ Too far in advance

____ Too late

____ Appropriate time

Comment_____

_____

2. Did this Institute come at an opportune time for you?

____ Yes

____ No

Comment_____

_____

3. Did the program announcement stimulate you to want to attend?

____ Yes

____ No

Comment_____

_____

4. We have dealt with the following areas:
(Place a number 1, 2, 3, etc. in front of the items indicating their value to you. 1 ranks highest. Do not rate 2 items the same.)

A. ____ "Physiological Aspects of Aging"
Dr. Fred Thigpen

B. ____ "Psychological Aspects of Aging"
Dr. Neil Coppinger

C. ____ "Second Career Planning for Older Adults"
Dr. Irving Webber

D. ____ "Counseling Older Adults and Using Community Resources"
Mrs. Margaret Miller

E. ____ "Learning and the Older Adult"
Dr. George F. Aker

F. ____ "The Senior Citizen Speaks"

G. ____ "Programs for Underprivileged Older Persons"

H. ____ "Financial Support and Provision of Facilities"

5. To what extent have the small group sessions been of value to you.

____ of great value

____ of some value

____ of little value

6. Can you make any suggestions about future similar institutes?

7. Do you at this time see any back home use you can make of any learning that took place at the Institute?

____ Yes

____ No

Comment_____

_____

8. Comment on the quality of the motel service (food, rooms, pool, etc.).

9. Do you have any other comments, suggestions, or observations?

INSTITUTE EVALUATION RESULTS

Do you feel that the Institute's invitation was sent:

__0__ Too far in advance

__2__ Too late

__34__ Appropriate time

Comment: Two people really appreciated personal telephone invitation by Dr. Hendrickson.

Did this Institute come at an opportune time for you?

__30__ Yes

__6__ No

Comment: Usual conflict with other meetings. There were two who suggested Oct.-Nov./Jan.-Feb.

Did the program announcement stimulate you to want to attend?

__32__ Yes

__4__ No

Comment: The change to "for older persons" was well received. Three wanted more stimulation.

To what extent have the small group sessions been of value to you?

__15__ of great value

__18__ of some value

__3__ of little value

Can you make any suggestions about future similar institutes?

Two main suggestions: have the next site near a dynamic program, and invite people from out-of-state. Although several wanted the format condensed into three days, several others wanted to hear from more resource persons, hear more formal presentations, and have more discussions afterwards. Some wanted more time in small group participation.

Do you at this time, see any back home use you can make of any learning that took place at the Institute?

34 Yes

2 No

Comment: There seemed to be a consensus for getting back to the job with new enthusiasm.

Comment on the quality of the motel service (food, rooms, pool, etc.).

Over-all accommodations and the service was rated good to excellent. But several had complaints about the room temperatures (cool) and the food (too much sameness).

Do you have any other comments, suggestions, or observations?

Some participants expressed desires for the following presentations: nutrition for older persons, and theological implications of aging. Another idea was to invite nursing home administrators to attend. Most of the participants said they were looking forward to the next institute.

PROGRAM OUTLINE

Sunday, March 14

4:00 p.m. Registration and Room Assignment

7:00 p.m. Dinner

Monday, March 15

9:00 a.m. Opening Session
Dr. George F. Aker, Presiding

Greetings from the University
Dr. John P. Lunstrum, Assistant Dean
College of Education

Greetings from the State Department of Education
Dr. Floyd Christian, Florida State Commissioner
of Education

Introduction of Guests

Plan of the Institute
Professor Andrew Hendrickson

11:00 a.m. Keynote Address: Dr. Thomas Rich, Director
Institute on Aging
University of South Florida

11:45 a.m. Discussion

1:30 p.m. General Session

Film Showing: "Golden Age"

2:30 p.m. Problem Inventory
(Break into Buzz Groups)

3:15 p.m. Reports from small groups

Tuesday, March 16

9:00 a.m. General Session

Address: "Physiological Aspects of Aging"
Fred B. Thigpen, M.D., Tallahassee

10:45 a.m. Group Meetings

1:30 p.m. General Session

Address: "Psychological Aspects of Aging"
Dr. Neil Coppinger, Chief
Research Unit on Aging, Veterans
Administration, Bay Pines, Florida

2:45 p.m. Group Meetings

Wednesday, March 17

9:00 a.m. General Session

Address: "Second Career Planning for Older Adults"
Dr. Irving Webber, Professor
Department of Sociology
University of Florida

Response: Henry Richards
Special Applicant Services
Florida State Employment Service

10:45 a.m. Group Meetings

1:30 p.m. General Session

"The Senior Citizen Speaks"
Representative Senior Citizens from
Tallahassee

2:30 p.m. Panel Discussion

"Programs for Underprivileged Older Persons"

Mrs. Jeanne Brock, Chairman
Consultant in Adult Education
State Department of Education

Mrs. Mary Crum, Supervisor
Foster Grandparents, Fort Lauderdale

Mr. Archie Mond, Director
Senior Services Corps, Tampa

Dr. Carl W. Rhetta, Coordinator
Adult Vocational Education, Miami

Thursday, March 18

9:00 a.m. General Session

Address: "Counseling Older Adults and Using Community Resources"
Mrs. Margaret Miller, Assistant to the Director, Florida Department of Health and Rehabilitative Services

10:45 a.m. Group Meetings

1:30 p.m. Address: "Learning and the Older Adult"
Dr. George F. Aker, Head
Department of Adult Education
Florida State University

2:45 p.m. Group Meetings

Friday, March 19

9:00 a.m. General Session

Panel: Harold Kastner,
Division of Community Colleges
James Fling, Supervisor
Adult and Veterans Education
Mrs. Myrtle Burnett, Director of Volunteer Services of Port Charlotte Cultural Center
Chalmers Murray, Director
Adult Education, Broward County

12:00 p.m. Special Luncheon

Reports of Committees

L'envoi Address: Mrs. Jeanne Brock,
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2:30 p.m. Adjourn

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Foster Grandparents Program

WHAT IS A GRANDMOTHER?

A grandmother is a lady who has no
children of her own
so she likes other peoples little girls.
A grandfather is a man grandmother.
He goes for walks with the boys
and they talk about fishing
and things like that.
Grandmas don't have anything to do
except be there.
It is enough if they drive us to
the supermarket
where the pretend horse is and have
lots of dimes ready.
Or if they take us for walks they should
slow down past pretty leaves
and caterpillars.
They should never say "Hurry up!"
Usually they are fat, but not too fat
to tie kids shoes.
They wear glasses and funny
underwear.
They can take their teeth and gums off.
It is better if they don't typewrite or
play cards, except with us.
They don't have to be smart, only
answer questions
like why dogs hate cats and how come
God isn't married?
They don't talk visitors talk
like visitors do
because it is hard to understand.
When they read to us they don't
skip words
Or mind if it is the same story again.
Everybody should try to have a grandmother.
especially if you don't have television
Because grandmas are the only grownups
who have got time.

Written by a third grader, age 8
Courtesy Senior Citizens Foundation of Dallas

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